

ANNUAL REPORTS  
ON THE  
HEALTH  
OF THE  
COUNTY BOROUGH OF DARLINGTON,  
FOR THE YEAR 1927.

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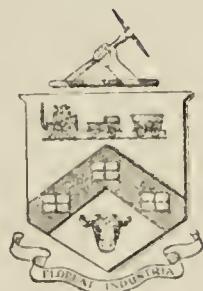
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# County Borough of Darlington.

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# Annual Reports

UPON THE

## HEALTH OF DARLINGTON,

For the Year 1927.

G. A. DAWSON, M.D., D.P.H.

Medical Officer of Health,

Medical Superintendent of the Borough Isolation Hospitals,

School Medical Officer,

Medical Certifier under M.D. Acts.

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1928.

# CONTENTS.

	Page
Introductory Letter .... .... .... .... .... ....	3
Section I.—Public Health Staff .... .... .... ....	5
„ II.—General Statistics and Features .... ....	7
„ III.—Social Conditions .... .... .... ....	11
„ IV.—Prevalence of Notifiable Diseases .... ....	12
„ V.—General Provision of Health Services.... ....	18
„ VI.—Chemical and Bacteriological Work .... ....	22
„ VII.—Public Health Education .... .... ....	23
„ VIII.—Medical Examination of Corporation Employees .... .... .... .... ....	23
„ IX.—Maternity and Child Welfare .... .... ....	24
„ X.—Tuberculosis .... .... .... .... ....	33
„ XI.—Venereal Diseases .... .... .... ....	37
„ XII.—Mental Deficiency .... .... .... ....	40
„ XIII.—Sanitary Circumstances of the Area .... ....	42
„ XIV.—Legislation Introduced during 1927 .... ....	44
„ XV.—Housing .... .... .... .... ....	47
„ XVI.—Statistical Tables .... .... .... ....	51
<b>SANITARY INSPECTOR'S REPORT</b> .... .... .... ....	61
<b>SCHOOL MEDICAL OFFICER'S REPORT</b>	

## COUNTY BOROUGH OF DARLINGTON.

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HEALTH DEPARTMENT,

FEETHAMS,

DARLINGTON.

*To the Chairman and Members of the  
Health Committee.*

gentlemen,

I have the honour to present my Third Annual Report on the Health of Darlington. Some of my duties are carried out under other Committees, so for completeness, I have included the details of my work as Certifying Medical Officer for Mental Deficiency, and Examiner of Corporation Employees.

In spite of economic difficulties due to unemployment and trade depression, progress has been maintained in all our schemes, not by financial demands of new schemes, nor new appointments, but by the intensified willing effort and keenness of the present staff. For instance due to the admission of additional infectious diseases, the prevalence of smallpox, and the increase in the number of extra borough patients, 580 cases were treated at our Fever Hospitals with scarcely any increase of staff. It is regrettable that money and the energies of the Health Department, already well enough occupied, should have to be spent on 120 cases of smallpox which is so easily preventable.

In the Maternity and Child Welfare work our efforts have been well repaid in the fact that for the first time in the history of Darlington, a year has passed without the death of a mother in childbirth in a total of 1,167 confinements. Darlington has therefore anticipated and taken the lead in the National Mother Saving campaign. The mortality of children under one year has been reduced to the record low figure of 67 per 1,000 births, being lower than that for England and Wales as a whole. It is notable that if the babies die during the first month. The birth rate (16.1) and the death rate (11.6) are the lowest on record.

The new Pressure Chemical Purification Plant is providing a colourless safe water such as Darlington has never enjoyed before. Now that a definite step is being made in completing the water carriage system of sewage disposal for every house in the borough, one of the blots of antiquity on the progressive policy of the town will soon be wiped out.

I again wish to express my gratitude to the Committee, the Officials in other Departments, and to my colleagues who have given their whole-hearted co-operation and support with such excellent results during the year.

I have the honour to be,

Your obedient Servant.

GEORGE A. DAWSON.

*June, 1928.*

## SECTION I.

**PUBLIC HEALTH STAFF.**

G. A. DAWSON, M.D., D.P.H., Medical Officer of Health, Medical Superintendent of the Borough Isolation Hospitals, School Medical Officer, Medical Certifier under the Mental Deficiency Acts, and Medical Examiner of Corporation Employees.

T. FERGUSON, M.D., M.R.C.P. (Ed.), D.P.H., Deputy Medical Officer of Health and Venereal Diseases Medical Officer. (Commenced duties 31st January, 1927.)

CONSTANCE CHARLOTTE ROBERTSON, M.B., B.S., (part time), Maternity and Child Welfare Medical Officer, Inspector of Midwives.

J. R. COPPING, A.R.San.Inst., Certificated Meat Inspector, Chief Sanitary Inspector, Inspector of Meat and other Foods, Inspector of Common Lodging Houses, and under the Shops Act, Food and Drugs Act, Rag Flock Act, Rat Officer, Inspector under the Milk and Dairies Act, Inspector and Official Sampler under the Fertilisers and Feeding Stuffs Act, 1926.

Assistant Inspectors :—A. E. Wade, C.R.San.Inst., and Certificated Meat Inspector ; K. Elliott, C.R.San. Inst., and Certificated Meat Inspector, (Terminated duties on 8th October, 1927). G. Latimer, C.R.San.Inst. and Certificated Meat Inspector, (Commenced duties on 22nd March, 1927) ; G. H. Watmough, C.R. San. Inst. (Commenced duties on 19th December, 1927).

Matron of Isolation Hospitals :—Miss Flora Kinnear, State Registered Nurse; General and Fever Training Certificate.

Health Visitors :—\*Miss K. Bishop, Certificates of the C.M.B. and of the R.San.Inst. for Health Visitors and School Nurses, for Maternity and Child Welfare, and for Sanitary Inspectors ; \*Miss H. Lawrence, State Registered Nurse, Liverpool University School of Hygiene Certificate, (Terminated duties on 31st December, 1927) ; \*Miss L. G. R. Crawford, Certificate of C.M.B., State Registered Nurse ; \*Miss Elsie Mary Rodgers, New Health Visitors' Certificate of the Royal San. Inst., Certificate of C.M.B., State Registered Nurse ; (Appointment

## PUBLIC HEALTH STAFF.

as Temporary Health Visitor approved by Ministry of Health on 19th July, 1927; Commenced duties on 18th July, 1927; Permanently appointed on 9th January, 1928; Terminated duties on 25th February, 1928).

Clerical and Office Staff :—E. C. Stainsby, Miss F. E. Gibbon, Miss E. Stephenson, F. Ward, W. S. Smurthwaite, G. V. Penn (Commenced duties 14th March, 1927).

Borough Analyst (part-time) :—C. J. H. Stock, B.Sc., F.I.C.

Venereal Diseases Orderly (part-time) :—\*T. Litton.

Disinfector (part-time) :—R. Johnson.

Rat Catcher (part-time) :—R. Burnside.

M. & C. Home Helps :—\*Mrs. B. Bointon; Also Rota of Temporary Home Helps (approved by Ministry on 12th July, 1927).

\* Contributions to salaries under Public Health Acts or by Exchequer Grants.

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## SECTION II.

**GENERAL STATISTICS AND FEATURES.**

The County Borough of Darlington is situated in a glaciated rea through which the River Skerne flows. The subsoil consists f beds of sand, clay and magnesian limestone. A large part f the town is in consequence on lowland on each side of the kerne, and the climate is somewhat enervating, mild and humid. While it is the natural and marketing centre of the neighbouring grieultural district in Durham and in Yorkshire, its inhabitants re principally occupied in trades connected with various branches f the railway and engineering work. The works are chiefly situated in the North end of the town, while the South is mainly esidential.

**Area of the Borough.**—4,614 acres.

**Population.**—At the 1921 Census Darlington County Borough had the largest intercensal numerical increase in County Durham. This, in conjunction with a much higher rate of increase during the preceding decennium, accounts for the rapid growth from 5,506 in 1901 to 65,842 in 1921. The Registrar General estimates the mid-year population for 1927 at 71,430, an increase of 730 over last year. Owing to the low birth rate the natural increase has been only 6 per thousand compared with 11.5 for County Durham as a whole.

**Census Statistics, 1921.—**

Average Rooms per Dwelling	....	....	4.41
Families per Dwelling	....	....	1.06
Persons per Family	....	....	4.39
Rooms per Person	....	....	0.94
Number of Private Families	....	....	14,483
Structurally separate Dwellings occupied			13,634
Population living more than 2 persons to one Room	....	....	10,912
Number of Families sharing a separate Dwelling	....	....	849

This represents 5.8 per cent. of the total families, and compares with 10 per. cent. for England and Wales as a whole

**Number of Inhabited Houses.**—On the 1st April, 1928, the Rate Books showed Assessments as follows:—

Self-contained Dwelling-houses	....	....	15,233
Dwelling-houses and Shops combined	....	....	691
Tenements	....	....	488
			16,412
Lock-up Shops	....	....	471
Hotels, Public Houses and Clubs	....	....	82
Schools, Institutes and Halls	....	....	61
Offices	....	....	188
Warehouses, Stables, Garages and Workshops			647
Parcels of Agricultural Land and Allotments			404
Miscellaneous	....	....	286
			18,551
Total	....	....	

**Rateable Value.**—£481,446.

**Sum Represented by a Penny Rate:**—

Poor Rate—£1,900.

General District Rate—£1,864.

General District Rate, 3/- in the £.

Poor Rate, 6/- in the £.

Total Rates levied, 9/- in the £.

## VITAL STATISTICS FOR THE YEAR 1927.

		Total.	Males.	Females
<b>Births.</b> —	Legitimate	1,095	564	531
	Illegitimate	53	28	25

**Birth-rate, 16.1.**

**Deaths.**—Total 831, Males 476, Females 425.

**Death-rate, 11.6.**

For 1926 the birth-rate was 17.9 and the death-rate 11.9 per 1,000 of the population.

**Number of Women Dying in, or in consequence of Child-birth.**—From sepsis 0, from other causes 0.

**Deaths of Infants under one year:**—

		Males	Females	Rate per 1,000 birth.
Legitimate	....	41	30	65
Illegitimate	....	5	1	113
Total	....	46	31	67

The bodies of 41 children **stillborn** in Darlington were buried in the town cemeteries during the year.

<b>Deaths from Measles (all ages)</b>	....	....	19
"    " <b>Whooping Cough (all ages)</b>	....	....	7
"    " <b>Diarrhoea (under 2 years of age)</b>	....	....	4

### Comparative Table of Vital Statistics, 1920—1927.

	Birth-Rate		Death-Rate		Infant Mortality		
Year	Estimated Population	Dar-lington	England & Wales	Dar-lington	England & Wales	Dar-lington	England & Wales
1920	66,610	25.8	25.4	12.4	12.4	92	80
1921	66,400	23.9	22.4	12.3	12.1	98	83
1922	66,710	22.6	20.6	14.1	12.9	98	77
1923	67,390	21.5	19.7	11.9	11.6	67	69
1924	68,690	20.2	18.8	12.7	12.2	94	75
1925	69,130	18.6	18.3	12.7	12.2	106	75
1926	70,700	17.9	17.8	11.9	11.6	91	70
1927	71,430	16.1	16.7	11.6	12.3	67	69

### CHEST DISEASES.

Of a total of 831 deaths assignable to Darlington, Bronchitis and Pneumonia accounted for 125 or 15 per cent. This represents a mortality of 1.7 per 1,000 living, a figure similar to that for England and Wales as a whole.

### CANCER.

The study of Cancer has led to the establishment in several parts of the country of Cancer Research Committees. Leeds and Manchester have one already in operation disseminating knowledge of the early signs of the dread disease and exhorting early consultation. Steps are now being taken to organize such work in County Durham and Newcastle, and it is suggested that Darlington should co-operate in the northern scheme.

The mortality in Darlington is 1.34 per 1,000 population, being about the same as the figure for England and Wales. A table is appended showing the organs and the age groups most affected. The steady increase during the past seven years is shown in the following table :—

	<i>Deaths in Darlington</i>	<i>Death Rate per 1,000 population</i>	<i>England &amp; Wales Death Rate</i>
1921	.... 60	.... 0.90	.... 1.21
1922	.... 67	.... 1.00	.... 1.22
1923	.... 65	.... 0.96	.... 1.26
1924	.... 60	.... 0.87	.... 1.29
1925	.... 72	.... 1.04	.... 1.34
1926	.... 81	.... 1.05	.... 1.36
1927	.... 96	.... 1.34	.... Not yet known

## **CORONER'S INQUESTS.**

Forty-one Inquests were held in the Borough and nine outside the Borough in connection with deaths assignable to Darlington, a proportion of 5.5 per cent. of the total deaths. There were also eleven inquests held in Darlington in the case of transferable deaths.

## **UNCERTIFIED DEATHS.**

During 1927 there were 28 deaths, the causes of which were not certified by medical practitioners or the coroner, equivalent to 3.1 per cent. of the total deaths. Six of these were of children under one year of age.

## **ACCIDENTS AND VIOLENT DEATHS.**

Forty-three deaths were due to suicide, accidents or violence:— 21 to suicide, 7 to motor, cycle, and street accidents, 4 to falls, 3 to drowning, and the remainder to other forms of violence.

## **DEATHS IN INSTITUTIONS IN DARLINGTON.**

Feehams Poor Law Institution	....	92
General Hospital ....	....	124
Borough Isolation Hospitals	....	29
Nursing Homes ....	....	15
	—	
Total	....	260
Deaths in other Institutions, Asylums, &c		24

## SECTION III.

## SOCIAL CONDITIONS.

**Poor Law Relief, Unemployment and National Health Insurance.**—Much useful information regarding social and economic conditions having a bearing on the health of the town is furnished in data kindly supplied by the Clerk to the Darlington Board of Guardians, the Manager of the Employment Exchange, and the Clerk to the National Health Insurance Committee.

**Poor Law Relief.**—The number of persons in receipt of relief on 1st January for each of the past six years was as follows :—

	Institutions			Outdoor Relief		
	Poor Law	Asylums	Total	Widows, Sick & Disabled etc.	Unem- ployed	Total
1st Jan., 1922	273	94	367	396	192	588
” 1923	299	104	403	570	1,538	2,108
” 1924	316	119	435	709	1,793	2,502
” 1925	305	124	429	706	668	1,374
” 1926	318	128	446	752	966	1,718
” 1927	327	131	458	679	1,205	1,884
” 1928	322	132	454	487	1,175	1,662

The number of assisted unemployed persons shown above is small on account of the relief Work which was provided for the able-bodied men of the district.

Moreover, the Poor Law Administrative Area is not co-terminous with the County Borough and hence a few of the above persons may come from outside the Darlington Borough.

**Unemployment.**—The number of unemployed persons on the Live Register of the Exchange on the 31st December, 1927, was :—men 2,013 ; women, 174, compared with the 1926 Coal Strike figures : men, 3,840 ; women, 219.

**National Health Insurance.**—The total number of insured persons in the Borough was 26,823, of whom 25,387 were already on Doctors' lists. The number of prescriptions issued was 87,054, and the total cost of drugs and appliances, £2,845.

## SECTION IV.

**PREVALENCE OF NOTIFIABLE DISEASES.**

**Zymotic Diseases.**—During the year there were 40 deaths from the seven principal zymotic diseases, which are Smallpox, Measles, Whooping Cough, Diphtheria, Scarlet Fever, Diarrhoea and Fever (including Typhoid, Enteric and Typhus).

**Smallpox.**—As was foreshadowed last year, chiefly owing to the fact that at no time, even during the summer, was County Durham clear of smallpox, Darlington was sure to suffer. We were obliged to keep the Hospital open practically the whole year. During the first quarter the incidence of infection in County Durham was so heavy that all available accommodation was severely taxed, in so far that at the request of the Ministry cases were admitted to our Hospital from areas with whom we had previously no agreement.

In the Borough of Darlington a total of 120 cases was notified and isolated. One of the local religious organizations suffered rather heavily, the disease already having a firm hold before its presence was detected. Forty-seven cases from this source were admitted to the Hospital. The Medical Officer of Health had the privilege of addressing the meeting on a Sunday evening on the subject of the "Prevention of Smallpox," and opened an emergency vaccination centre.

In every instance the infected house was visited by the Medical Officer of Health, and strict supervision of almost 3,000 contacts was carried out for a period of 16 days after the isolation of each case.

Under the Public Health (Smallpox Prevention) Regulations, 1917, 550 primary contacts were vaccinated by the Medical Officer of Health. These immediate vaccinations, without doubt kept the epidemic well in check. It is still surprising to me why certain people cannot be convinced of the protective value of vaccination until they find themselves patients in the Smallpox Hospital. Every such patient left the Hospital with changed views, when he realized the immunity enjoyed by doctors, nurses and maids on the staff.

In one case a family of 10, all unvaccinated, contracted the disease, due to the infection not being recognized in one of the children.

As a precaution, Chickenpox has been notifiable since 1923. Four hundred and thirty nine cases were visited and the diagnosis confirmed by a member of the Public Health staff. Sanitary Inspectors, Health Visitors, School Nurses, School Teachers, and Attendance Officers all co-operated in bringing to the attention of the Medical Officer of Health suspicious cases. Publicity was given by posters, lectures to influential bodies, school propaganda, and the Press, which afforded excellent opportunities in the tracing of contacts, and in making known the suspicious symptoms of the disease.

### VACCINATION.

By reason of the increasing incidence of Smallpox all over England and the possibility that the coming winter will see its rerudescence in a more virulent form, I have ascertained, with the assistance of Mr. Tomlin, the Vaccination Officer, the following statistics for the past six years. Darlington is a very poorly vaccinated population as far as its children are concerned, 65 per cent. of the parents having expressed their conscientious objection.

### Vaccination Statistics.

	1922	1923	1924	1925	1926	1927
Births Registered (un- corrected for transfers)	1518	1461	1423	1318	1319	1167
Successfully Vaccinated	263	377	314	277	301	293
Conscientious Objectors	1116	954	959	929	862	761
Died unvaccinated, and others .... .... ....	129	130	160	112	156	113
% Births vaccinated ....	17%	25%	22%	21%	23%	25%

**Scarlet Fever.**—One hundred and seventy-eight, or 96% of the cases notified, were treated in the Hospital. There were no deaths. The disease was somewhat more severe than the usual mild form which had been so prevalent in recent years, but the use of the new treatment with anti-scarlatinal streptococcal serum in the early severe cases has reduced not only the incidence of the many complications of severe Scarlet Fever, but also the duration of stay in Hospital by about one half. The apparent expense of the serum is therefore more than balanced by the reduction in mortality and maintenance costs. Fifty seven cases which were treated with serum had no complications whatever. Even discharging ears, which were formerly only too common in about 20% of the cases, were not found in any of these cases, whereas mild cases who had had no serum had an incidence of discharging ears in about 8% of the numbers, thus necessitating a prolonged convalescence with the risk of future ear trouble.

**Diphtheria.**—Of the forty notified cases 38 were treated in Hospital. The other 2 cases were too ill for removal when definitely diagnosed, and died at home. There were three deaths in Hospital. The disease was of a more severe type than last year when there were no deaths. The operation of tracheotomy was performed in three instances for laryngeal obstruction as a surgical emergency.

Diphtheria anti-toxin is supplied to general practitioners for their use in urgent cases, or while awaiting the result of bacteriological examinations.

The Dick and Schick tests for susceptibility to Scarlet Fever and Diphtheria respectively were not brought into use, though in the event of increased virulence or incidence of either of these diseases I would strongly recommend their application, with the subsequent immunization of those persons who were found to be susceptible.

**Measles and German Measles.**—These diseases exhibit a peculiarly regular wave of periodicity in alternate years, with a larger wave super-imposed about once in every seven years. Last year Darlington was comparatively clear, with only 60 notified cases and no deaths, while in 1925 and 1923 severe epidemics were experienced. As was expected therefore, 1927 suffered a heavy incidence, particularly during the latter half of the year, with 2,068 first cases notified, and 17 deaths. All the deaths occurred in children under 5 years of age. Each case was visited and supervised by one of our Health Visitors, and the death rate was not exceedingly heavy when we realize that there were over 3,500 patients altogether. Only the first case occurring in a household within two months is notified. This year should exhibit the low point of the curve.

Under their agreement with the Health Committee the Queen's Nurses' Association paid 135 visits to 12 cases. Five cases living in overcrowded conditions were admitted for treatment to the Isolation Hospital.

**Enteric Fever.**—Within recent years there has been a tendency in Darlington for an increased notification of cases of Paratyphoid Fever. During 1926 we had an outbreak involving 15 cases during the months of September to December. In spite of searching individual inquiry the exact cause of this was not definitely ascertained, but it was notable that most of the cases came from areas in which the privy ashpit type of sanitary convenience was in use. The lack of ash and the popularity of the

gas stove during the Coal Dispute at that time certainly rendered the scavenging system open to complaint by reason of the difficulty of the removal of the semi-liquid refuse.

During the first four months of 1927 five isolated cases occurred at wide intervals of time and without any evident association. In August 1927 a sharp outbreak involving 20 cases, coincided with a complaint concerning our water supply. Though at no time have typhoid organisms been isolated from the water supply, the presence of *B. Coli* in the water in some cases to the extent of 1 per 10 c.c. suggested the advisability of immediate chlorination. After consultation with the Borough Surveyor arrangements were made for the introduction of chlorine. No further notifications of the disease were reported.

**Pneumonia.**—Of the 225 cases of primary and influenzal pneumonia notified 49 severe cases were admitted to the Fever Hospital from homes which were considered unsuitable for proper nursing. Twelve of these 49 cases died, a mortality of 24 per cent., while of the 176 cases nursed at home 85 died, a mortality of 48%.

Influenza was prevalent during January and February, but did not reach epidemic proportions.

**Whooping Cough.**—Whooping Cough was made notifiable in February 1927. Seventy three cases were notified and seven deaths occurred, compared with nine in 1926. The notification of this disease serves to impress on the public the seriousness of the complications involved, and should in future lead to reduction in mortality from what is too often considered a trivial ailment from which all children must suffer.

The Queen's Nurses paid 14 visits to one case with pneumonia.

**Puerperal Fever and Puerperal Pyrexia.**—Two cases of Puerperal Fever and four cases of Puerperal Pyrexia were notified. One of the cases of Puerperal Fever was a rural patient in the General Hospital at the time of notification. The other case was treated at home successfully by a private practitioner. Two of the cases of Puerperal Pyrexia were removed to the Fever Hospital where a special ward has been set aside. It is pleasing to report that not a single death occurred from either of these diseases during the year, though the average figure has been five per annum.

Under their Agreement with the Health Committee the Queen's Nurses' Association paid 13 visits to one case of Puerperal Fever, and 77 visits to 3 cases of Puerperal Pyrexia nursed at home.

In September 1927 the Minister of Health approved of the following scheme for the nursing of Puerperal Fever and Puerperal Pyrexia :—

- (a) Home nursing by the Darlington Queen's Nurses' Association at a fee of 1/- per visit.
- (b) Arrangements with the University of Durham College of Medicine, Newcastle-upon-Tyne, for bacteriological examinations at 10s. 6d. each.
- (c) Consultations with the Medical Officer of Health as required by the general practitioners.
- (d) The admission of patients to the Fever Hospital at a fee of 10s. 0d. per day, chargeable to the Maternity and Child Welfare account.
- (e) The provision of the services of a Surgeon Specialist for operative assistance where found necessary at a suitable fee.

**Ophthalmia Neonatorum.**—Ten cases were notified, and in all the sight was unimpaired. Two cots are reserved at the General Hospital for the treatment of these cases at £3 3s. 0d. per week, chargeable to the Corporation while in use. During the year one child received in-patient treatment for 9 days ; four were treated at home, four at the General Hospital, and two in other institutions.

The Queen's Nurses paid 122 visits to four cases of Ophthalmia Neonatorum.

**Pemphigus Neonatorum.**—This infectious skin condition in the new born child was not met with in Darlington.

**Diarrhoea Under 2 years of age.**—This disease, attributable usually to dirty feeding bottles or infected milk, particularly during hot weather, accounted for four deaths, representing a death-rate of only half that for England and Wales. It is a tribute to the commonsense of Darlington mothers that this figure is so low.

**Malaria.**—One case with a history of infection abroad was reported. Under the Public Health (Infectious Diseases) Regulations, 1927, Malaria which has been induced for therapeutic purpose in certain nervous diseases is notifiable if the patient is being discharged liable to relapses of the disease.

No cases of Trench Fever, Dysentery, or Rabies were notified

**Cerebro-Spinal Meningitis.**—Two cases were notified and admitted to the Isolation Hospital. The notifications were afterwards withdrawn as the diagnosis was not confirmed.

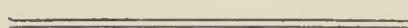
The causes of death were Tuberculous Meningitis, and Malaria Disease respectively.

**Acute Anterior Poliomyelitis.**—Three cases were notified and visited by our Health Visitors. A satisfactory recovery was reported in each case.

**Encephalitis Lethargica.**—This distressing disease was responsible for 7 notifications. Five cases died, one having been an patient at the Fever Hospital for nearly two years. One died at the Feetham Infirmary, and three at home.

**Anthrax.**—A case of suspected Anthrax occurred in October a butcher's boy employed locally. Isolation and treatment at the Fever Hospital prevented any further spread. The source of the infection was probably from imported hides which the patient had handled, though it was never definitely ascertained.

**Outbreak of Food Poisoning.**—An outbreak of food poisoning occurred in August. A supper party of 12 persons partook of a meal after which they were all seized with violent gastro-intestinal disturbance. In my absence the outbreak was capably investigated by my Deputy, Dr. T. Ferguson, in conjunction with a medical practitioner in attendance. Specimens of the suspected food, of the vomit, of the stools, and of the blood were sent for investigation. The food poisoning organism *Bacillus Aertrycke* was isolated and it is interesting to report that the probable source of infection was in duck eggs used in the preparation of a custard. No deaths were reported though all the patients were critically ill for one week.



## SECTION V.

**GENERAL PROVISION OF HEALTH SERVICES.****Summary for Reference.****Professional Nursing in the Home.**

- (a) The Queen's Nurses' Association receive a grant from the Council.
- (b) Midwives—20 in practice, not subsidised.

**Hospitals.**

- (a) *Borough Fever Hospital* for Infectious Cases. 105 beds.
- (b) *Smallpox Hospital*. 50 beds.
- (c) *Tuberculosis*. No Hospital is provided by the Authority but the Durham County Council make arrangement for the admission of Borough cases to their own Sanatoria, to the General Hospital, Darlington, and Feetham Poor Law Institution, where there are 10 beds and 3 shelters.
- (d) *Maternity Ward*, General Hospital, Darlington. 12 beds.
- (e) *Children*. Ward at General Hospital. 25 beds.  
Feetham Poor Law Institution. 40 beds.

General medical and surgical cases are received in four large Private Nursing Homes, the General Hospital, with 119 beds and Feetham Poor Law Institution, with 174 beds.

Institutional provision for unmarried mothers and illegitimate infants and homeless children is afforded only by the Poor Law Guardians in their Institution and Cottage Homes.

**Ambulance Facilities.**—Infectious cases are removed to Hospital in the Motor Ambulance belonging to the Authority and kept at the Fever Hospital. In January 1928, the Fire Ambulance was replaced by a Morris Commercial Ambulance fitted with the latest equipment. Non-infectious and accident cases are dealt with by two Motor Ambulances kept at the Fire Station and driven by members of the Fire Brigade. They are available for calls within 15 miles of the town.

**Clinics and Treatment Centres.**—See under various headings.

**Day Nurseries.**—The Dent Memorial Nursery Day School has accommodation for about 60 children of the pre-school age. The school is visited weekly by the Assistant School Medical Officer and any necessary treatment is carried out by the School Staff or at the School Clinic.

**School Clinic.**—The School Clinic at 43, Northgate has provided more suitable accommodation for the growing demands of the services provided. The building is modernly equipped with a treatment centre, consultation rooms, dental department, eye department and an X-ray apparatus for the treatment of ringworm.

The staff includes two Assistant School Medical Officers, one of whom attends every afternoon for consultations, one full-time Dentist, a part-time Ophthalmic Specialist, three school nurses, and three Clerks.

**Tuberculosis Dispensary.**—*Feehams House.* The Tuberculosis Officer and a Nurse attend the Dispensary Tuesdays and Fridays for consultations. The scheme is administered by Durham County Council. See also under Tuberculosis.

**Venereal Diseases.**—Diagnosis and Treatment Clinics are held at the General Hospital, Darlington, by the Venereal Diseases Medical Officer :—

Mondays, 2—5 p.m., women and children.

Tuesdays, 2—5 p.m., women ; 6—8 p.m., men.

Fridays, 2—5 p.m., women ; 6—8 p.m., men.

The irrigation room is open every day for intermediate treatment.

### **Fever Hospital.**

The Borough Fever Hospital situated in Hundens Lane on the eastern side of the town is a well-built brick building, with the addition of a substantial temporary wing. It is built on the enclosed corridor plan, with excellent opportunities for the isolation of different diseases in four wings, with two large wards and several small wards in each wing. The administrative block with kitchens and staff dining room is centrally situated, giving easy access to all the wards. Several structural improvements have been made, leading to economy in service.

Calculating at the rate of 2,000 cubic feet per bed, the Hospital would contain 105 beds. The diseases treated are principally Scarlet Fever, Diphtheria, Typhoid Fever, Acute Encephalitis lethargica, Cerebro-Spinal Meningitis, Pneumonia, and such other diseases of an infectious nature which the Medical Officer of Health, who is also the Medical Superintendent, considers of serious import.

The Hospital has been recognised by the General Nursing Council and the Ministry of Health as a Training School for Probationer Nurses desiring to obtain the Fever Nurses' Certificate or State Registration. It is quite evident that great difficulty

would have been experienced in finding Probationer Nurses, whereas now numerous applications for opportunities of training are being received. Had the claim for recognition not been successful we would have been obliged to employ an all-trained Nursing Staff.

The staff consists of Matron, four Sisters, nine Staff Nurses and Probationers, with a domestic staff of Maids as required.

A Laundry, Steam Disinfector and Motor Ambulance are provided on the premises.

During the year, with the approval of the Committee and the Ministry of Health, the accommodation of our Fever Hospital was utilized for the treatment of cases of pneumonia, puerperal pyrexia, puerperal fever, infantile paralysis, complicated cases of whooping cough and measles in children under 5 years of age. These cases demanded in practically every instance my immediate personal attention, and have added heavily to the hospital duties.

The usual period of stay in Hospital for uncomplicated cases of Scarlet Fever has been reduced to an average of 28 days, instead of the more usual 6 weeks, and in no case have I had reason to question the advisability of this action. Owing to the mild nature of the present type of Scarlet Fever, hospital treatment has been replaced in suitable instances by the isolation, nursing, and supervision at home. This practice has rendered vacant beds for the treatment of the more serious diseases detailed above without the necessity of appreciably increasing the staff.

It is hoped during the coming year to complete the equipment of the Hospital by the installation of artificial sunlight, which will hasten the convalescence of debilitated children, and pay for itself by economy in general maintenance.

The following Authorities have agreements with us and send cases to our Isolation Hospitals :—

~~DARLINGTON~~

~~Durham~~ Rural District Council.

Durham County Council in respect of inmates of Dinsdale Park School.

Richmond Rural District Council.

Richmond Barracks and Catterick Camp.

Richmond Borough Corporation.

Croft Rural District Council.

Aysgarth Rural District Council.

Leyburn Rural District Council.

Royal Air Force, in respect of Catterick Camp.

The number of cases of infectious disease from neighbouring authorities and troops quartered in the neighbourhood, was :—

			Cases.		Deaths.
Scarlet Fever	....	....	69	....	0
Diphtheria	....	....	26	....	2
Measles	....	....	8	....	0
Erysipelas	....	....	1	....	0
Smallpox	....	....	44	....	1
Mumps	....	....	2	....	0
Encephalitis Lethargica	....	....	1	....	0
Suspected Cerebro Spinal Meningitis	3	....			1 (Certified as Tubercular Meningitis)

### Smallpox Hospital.

This Hospital, with accommodation for about fifty patients is administered from the Fever Hospital, being situated about 100 yards from the latter building. It is kept in constant readiness, and has been used during the year for 170 patients.

### Summary of Hospital Report for the Year 1927.

#### Fever Hospital.

Borough Patients	....	....	....	313
Extra Borough	....	....	....	99

#### Smallpox Hospital.

Borough Patients	....	....	....	126
Extra Borough	....	....	....	44

Total number of Patients	....	....	580
Total number of Patient Days	....	18,672	
Number of Deaths	....	....	25
Average number of Nursing Staff	....	....	18
Days of Staff Illness	....	....	184

This has been one of the busiest years in the records of the Hospitals.

**Darlington Queen's Nurses' Association.**—Home nursing is provided by the Queen's Nurses' Association, who are supported by voluntary subscriptions and by contributions from the County and Borough Councils and Friendly Societies. As in previous years, by agreement with the Borough Council they undertake the home nursing of expectant mothers, maternity cases, cases of puerperal infection, Measles, Whooping Cough, Epidemic Diarrhoea and Ophthalmia Neonatorum, at a fee of one shilling per visit, with a minimum total of £25 per annum. In September, 1920, the

Council also agreed in connection with their joint scheme with the Durham County Council for the treatment of Tuberculosis, to pay the sum of tenpence per visit for tuberculous cases with open wounds nursed at home at the request of the Tuberculosis Medical Officer. Midwifery cases are undertaken, but not at the expense of the Local Authority.

**General Hospital, Darlington.**—This is almost purely a surgical Hospital at present, as the accommodation is not sufficient for all the medical and surgical needs of the town. A new Hospital is under construction on a neighbouring site of 17 acres.

The increasing demands made on the accommodation are revealed by the figures for the past seven years :—

				In-patients	Out-patients' attendances
1921	....	....	....	1,066	.... 40,421
1922	....	....	....	1,346	.... 43,027
1923	....	....	....	1,519	.... 46,134
1924	....	....	....	1,563	.... 45,638
1925	....	....	....	1,600	.... 46,428
1926	....	....	....	1,746	.... 48,679
1927	....	....	....	2,155	.... 51,575

## SECTION VI.

### CHEMICAL AND BACTERIOLOGICAL WORK.

Chemical examination of water supplies, milk samples, food and drugs are carried out by agreement with Mr. Cyril J. H. Stock, appointed as part-time Analyst. Further details of examinations made will be found in the Sanitary Inspector's Report appended.

Bacteriological work is carried out for the Venereal Diseases Department by the Medical Officer, Dr. Ferguson, and at the Armstrong College Laboratory. The examination of sputum and the bacteriological work carried out in connection with infectious diseases generally are also undertaken at the Armstrong College Laboratory, Newcastle-upon-Tyne.

			Results		
			No. of Specimens	Positive	Negative
Tuberculosis	....	....	175	46	129
Diphtheria	....	....	64	14	50
Enteric Fever	....	....	37	20	17
Venereal Diseases	....	....	262	—	—

In addition 239 specimens were examined at the Venereal Diseases Clinic.

## SECTION VII.

**PUBLIC HEALTH EDUCATION.**

Formal public health education is the latest departmental activity, and its conduct has received State endorsement in the Public Health Act of 1925, which empowers Local Authorities to arrange for publication of information on questions relating to health or disease, and for the delivery of lectures and display of pictures. Such public health instruction can be given individually or en masse. The Health Visitors and School Nurses have been assiduous in making use of the opportunities afforded when visiting in the homes, of imparting information on the particular problem of the moment, whether it be the feeding of the infant, its clothing, its nursing in minor infectious disease, the safeguarding of the family from infection with tuberculosis, or the guidance of the mother on her own health during pregnancy.

Addresses on health topics were delivered by the Medical Officer of Health at a number of ordinary meetings of various social, religious and educational organizations.

The local Press has always afforded valuable assistance by reporting addresses and accepting articles on current health subjects, particularly in urging the necessity of immediate preventive actions in our many little outbursts of Smallpox.

## SECTION VIII.

**MEDICAL EXAMINATION  
OF CORPORATION EMPLOYEES.**

Medical examinations of members of the staff and of applicants for posts in the following Corporation Departments were made during the year by the Medical Officer of Health:—

Tramways and Transport Department	....	11
Education Department	....	3
Borough Accountant's Department	....	6
Health Department	....	5
Town Clerk's Department	....	2
Borough Fever Hospitals	....	2
Borough Surveyor's Department	....	1
 Total	....	30

## SECTION IX.

**MATERNITY AND CHILD WELFARE.**

**Midwives' Act, 1902-1918.**—The number of Midwives practising in Darlington during 1927 was 19, of whom 15 are fully trained, including the Sister-in-Charge of the Maternity Ward at the General Hospital. These Midwives are inspected periodically by Dr. Constance Robertson, who made 233 visits; of these 204 were routine visits, 5 were on account of cases of Ophthalmia Neonatorum, 19 for the death of the child, 2 for cases of puerperal infection, and 3 for other reasons.

During the year Midwives attended 781 births alone, and 195 under the superintendence of medical practitioners. Medical assistance was summoned on 190 occasions, including 46 cases where the Maternity Ward Sister at the General Hospital called in a Staff Doctor. In 30 of these 46 cases the Doctor delivered the child and in the other 16 the Doctor's attention was called for Ante or Post Partum Complications. The Local Supervising Authority is responsible for the payment of fees to doctors called in by Midwives, and with the continuance of trade depression and unemployment the number of such accounts received remains high. All or part of the fee is recoverable according to the financial circumstances of the patient. Medical practitioners were paid £143, of which a sum of £105 was recovered from patients during 1927. No Midwives are employed or subsidized by the Local Authority.

**Milk Assistance Scheme.**—Milk is granted on the Clinic Medical Officer's recommendation to infants and to expectant and nursing mothers in necessitous cases falling within a certain income scale. During 1927—2,248 pounds of dried milk were sold at cost price, 611 were given free, and 36,284 pints of fresh milk were given free at a total cost to the Health Committee of £417. The income in all cases is verified by reference to employers and others.

**Ante-Natal Clinics.**—The very gratifying progress recorded in 1926, has been maintained during the year under review, 245 attendances being recorded compared with 244 in 1926. The importance of this work is so great that every effort is being made to increase the attendances, and an additional session per

month was put into operation in 1927. Half of our infantile mortality occurs during the first four weeks of life, owing in great part to antecedent preventable conditions in the mothers. All women in their first pregnancy, all who have had previous miscarriages or difficult labours and expectant mothers suffering from any abnormality during pregnancy should seek skilled medical advice with a view to appropriate treatment being obtained before an emergency has arisen.

Ante-Natal examination and keeping of records is now part of a Midwife's routine practice. 511 visits were paid by Queen's Nurses to 205 expectant mothers.

An additional Ante-Natal Clinic, sanctioned by the Ministry of Health, was opened on the 14th July, 1927.

**Dental Treatment**—for mothers and children attending the Centres was started during the year at the School Clinic and the School Dental Surgeon, who is carrying out the work with the approval of the Board of Education, and Ministry of Health, reports as follows:—

On 1st October, authority was given for dental treatment to be carried out for patients sent from the Maternity and Child Welfare Clinics. Saturday mornings are now devoted to this work.

It was expected that there would be a great amount of prejudice to overcome, and that there would be very few who would avail themselves of the opportunity for having treatment. However, after the first week or two, I was greatly surprised at the numbers who came to the Clinic.

There is a belief that dental treatment must not be undertaken for expectant mothers. This however, has been proved to be quite wrong. Before coming to Darlington, I had frequently extracted teeth within a fortnight before confinement, with beneficial results in every case. If the work is done gently and painlessly, so that no shock is given to the patient, there cannot possibly be any unpleasant or harmful sequelae.

The first patient presented herself on October 1st, and from then until the end of the year, there were twelve mothers and one child who attended. Treatment was refused in five cases. Advice was given to the child's mother.

The number of attendances was nineteen.

Thirty one teeth were extracted and in one case treatment was given to the gums.

I am very glad to have the opportunity of doing this work, and hope the numbers will greatly increase. If expectant and nursing mothers could be made to realise the importance of having a clean, healthy mouth, I should see a marked improvement in the teeth of the school children who come under my care, and the health of the community as a whole would reach a higher standard. The buds which eventually form the teeth are laid down before birth, and if the mother's system is infected from unhealthy teeth, these buds cannot receive the necessary nutrition, and the result is that the child's teeth are found to be soft, and decay very early.

**Maternity and Child Welfare Centres.**—Five centres are in operation :—

Address	Day	Time	Average Attendance of Mothers with Babies
Hopetown Hall, Whessoe Lane .... ....	Monday	2-30 p.m.	28
Albert Road School-house .... ....	Tuesday	10 a.m. ; 2-30 p.m.	86
East Road Wesleyan Sunday School ....	Wednesday	2-30 p.m.	39
Paradise Sunday School	Thursday	10-30 a.m. ; 2-30 p.m.	83
Cockerton Wesleyan Sunday School ....	Friday	2-30 p.m.	22

The Ante-Natal Clinics are held in Albert Road Schoolhouse on the second and the last Thursdays of each month from 1-30 p.m.

The Centres have been open 264 times ; 12,687 attendances have been made by mothers with babies, and 453 by expectant mothers, the average attendance being 50.

One hundred and eighty eight attendances were made at our Maternity and Child Welfare Centres by mothers who reside just outside the Borough. In the cases of these mothers additional nourishment is supplied by the Durham County Council.

**Average attendances of Mothers with babies** at Maternity Centres during the last seven years :—

Year	Albert Road	East Road	Paradise	Hope-town	Cocker-ton
1921	69.0	35.3	58.3	25.1	—
1922	73.8	30.0	53.4	35.5	—
1923	78.9	25.1	49.1	33.0	—
1924	66.8	34.3	53.1	31.9	18.5
1925	64.9	30.2	59.4	26.9	25.0
1926	82.7	41.1	85.5	42.3	27.8
1927	85.6	38.8	82.7	28.1	22.0

**Total attendances of Expectant Mothers** at the Maternity Centres and Ante-Natal Clinic during the last seven years :—

Year	At Maternity Centres	At Ante-Natal Clinic
1921	.... 91	.... 58
1922	.... 233	.... 73
1923	.... 187	.... 72
1924	.... 190	.... 61
1925	.... 171	.... 117
1926	.... 194	.... 244
1927	.... 208	.... 245

**Home Help.**—One permanent home help and a rota of part-time home helps carry out this work while the mother is incapacitated. Charges are made according to financial conditions. Thirty two applications were made for their services ; attendance was provided in 23 cases, at which 408 day's service was given.

The daily charges for the services of the Maternity Home Helps were reduced by 25% so that the Scale today stands as follows :—

Where the income of a family exceeds 15/- per head per week the charge to be 3/- per day.  
exceeds 12/- and not 15/- per head per week the charge to be 2/3 per day.

Where the income is less than 9/- and not 12/- per head per week the charge to be 1/6 per day.

Where the income is less than 9/- per head per week the charge to be 9d. per day.

Cases of extreme poverty are considered by the Special Sub-Committee.

In all the above cases the income is understood to be the average weekly income of the family, after deducting rent and rates, for the four weeks previous to the application.

**Maternity Bags.**—These bags were applied for in 26 cases and lent in 24. In 23 cases the bags were returned in good condition, but in the other case the usual deposit of 2/6 was not refunded because of an incomplete return of the contents.

**Baby Day Celebrations.**—As in previous years, and through the kindness of Mrs. Baynes, these celebrations, organized by the Voluntary Committee, were held in Polam Hall grounds, 26th and 27th July. About 653 mothers with their children under five years were entertained to tea.

These outings are much appreciated and assist markedly in the Maternity and Child Welfare enthusiasm.

The Medical Officer of Health gave helpful talks to the Mothers, and Mr. Liddell, the School Dental Surgeon, talked on "The Care of the Teeth." Dr. Lunt, also addressed the Mothers. An exhibition of models, showing the proper and hygienic way of dressing and feeding children was a special feature.

**Maternity Ward, General Hospital.**—This department, containing 12 beds, 2 of which are for isolation purposes, for the provision and maintenance of which the Borough Council are financially responsible, was opened in 1921. The patients are expected to contribute according to their means towards their maintenance and treatment. The number of admissions is increasing gradually, though there is still much unwillingness on the part of expectant mothers to enter a hospital for their confinement. During the year 138 cases were admitted, compared with 120 for 1926. One hundred and eight cases were delivered by the Nursing Staff and 30 by Doctors. The average duration of stay was 13.3 days.

No cases of Ophthalmia Neonatorum occurred. All the infants were breast fed, except in three cases where the mothers were ill or had died.

After consultation with the Darlington General Hospital Committee it was decided to reduce the full charge to patients nursed in the Maternity Ward from £3 3s. 0d. to £2 12s. 6d. per week after 1st October 1927. The Agreement entered into with the Hospital in 1921 was revised whereby the charges for unoccupied beds were put upon a clearer basis.

**Maternal Mortality.**—As the result of investigations, certain evidences were received of the induction of abortions in the town. Through the police activities, three undesirable people were duly punished. It is pleasing to report once more that there were no deaths in childbirth or in consequence of childbirth.

**Deaths under one month.**—Though the death-rates of children under one year have fallen during the last 50 years from 160 to 67 per 1,000 births, no appreciable reduction has taken place in the case of babies under four weeks. In order to encourage intensive work in the latter age group, the National Baby Week Council, of whom your Medical Officer of Health and Mrs. Lloyd Pease, (Chairman of the Maternity and Child Welfare Voluntary Committee), have recently been appointed members, inaugurated a competition to stimulate the reduction. Darlington, though not an actual prize winner, had the honour of being singled out for honourable mention. The reduction accomplished in 1927 compared with the figures for the five years previous is shewn in the following table:—

## NEO-NATAL DEATH RATE PER 1,000 BIRTHS.

	1927	1926	1925	1924	1923	1922
Births	1148	1269	1288	1389	1446	1505
Death Rate	30.49	44.13	41.15	37.44	29.05	33.22
Actual Deaths	35	56	53	52	42	50
Average 1922-26 :						
Rate				36.68		
Actual Deaths				50.60		

There was, therefore, a reduction of 15.6 or 31% in the actual number of deaths.

**Dried and Fresh Milk Supplied** through Maternity Centres during the last seven years :—

Year	Dried Milk sold to Mothers lbs.	Dried Milk given free to mothers. lbs.	Fresh Milk given free to mothers. pints	Net Cost of Fresh & Dried Milk Supplied.
1921	7,264	2,200	5,432	£316
1922	4,286	1,844	27,110	£399
1923	4,332	896	23,129	£282
1924	4,831	959	15,195	£170
1925	3,486	736	20,615	£248
1926	4,719	1,537	40,009	£529
1927	2,248	611	36,284	£417

There are no **Day Nurseries** in Darlington. A description of the work done at the Nursery School and the School Clinic will be found in the report of the School Medical Officer.

**WORK OF THE HEALTH VISITORS.**

During the year the Health Visitors paid the following visits:—

First visits to Infants under one year	....	940
Re-visits to Infants under one year	....	843
Children one to five years	....	712
Cases of Measles, one to five years	....	1,093
,,      ,, over five years	....	1,125
,, Whooping Cough	....	115
,, Diarrhoea	....	17
,, Ophthalmia Neonatorum	....	44
,, Infant Death	....	60
,, Still-birth	....	45
,, Puerperal Fever	....	3
Expectant Mothers, first visits	....	159
,,      ,, re-visits	....	70
Cases of Mental Deficiency	....	57
Miscellaneous Visits	....	265
Acute Anterior Poliomyelitis	....	5

**Midwives calls to Doctors.**  
Summary of the causes for sending for Medical help.

	1921	1922	1923	1924	1925	1926	Average	1927
<b>Mother :—</b>								
Torn Perineum ... ...	9	8	16	19	20	18	15	32
Prolonged, Tedious or Difficult Labour ... ...	24	23	30	31	24	18	25	24
Faulty Presentations ... ...	—	—	—	—	—	7	1.2	10
Impactions ... ...	—	—	—	—	—	4	0.7	3
Hæmorrhages ... ...	4	2	1	8	4	4	3.8	10
Rise of Temperature ... ...	4	6	2	4	11	7	5.7	4
Adherent Placenta ... ...	1	5	8	4	8	8	5.7	1
Albuminuria ... ...	—	—	—	1	—	1	0.3	6
Phlebitis ... ...	—	—	—	—	—	1	0.2	1
Abortion ... ...	—	—	—	3	5	8	2.7	5
Contracted Pelvis ... ...	—	—	—	—	—	2	0.3	2
Eclampsia ... ...	—	—	1	—	—	3	0.7	—
Prolapse of Cord ... ...	—	—	—	—	—	2	0.3	—
Miscellaneous ... ...	—	2	1	9	5	11	4.7	10
Total ...	42	46	59	79	77	94	66.2	108
<b>Child :—</b>								
Discharging Eyes ... ...	17	10	5	5	6	8	8.5	13
Debility, Feebleness, etc. ... ...	1	4	2	3	6	2	3.0	1
Prematurity ... ...	5	13	13	3	5	5	7.3	10
Malformations ... ...	3	3	2	4	4	1	2.8	1
Convulsions and Fits ... ...	5	2	2	3	5	—	2.8	4
Suffocation ... ...	—	—	—	—	1	—	0.2	2
Miscellaneous ... ...	2	1	—	4	1	12	3.3	5
Total ...	33	33	24	22	28	28	28.0	36

The following Table shows how the charges for the above cases had been dealt with at the conclusion of each year since 1921 :—

	1921	1922	1923	1924	1925	1926	1927
No Account received by Health Committee from Doctor ... ...	47	43	39	45	47	43	40
Accounts sent in to Health Committee ... ... ...	28	36	44	56	58	79	104
Whole Fee refunded by Patient ...	5	7	16	13	14	17	21
Whole Fee remitted by Health Committee ... ... ...	4	6	8	6	16	24	21
Fee or part of Fee still owing ...	17	23	19	33	14	30	58
Part Fee remitted, remainder or part still owing ... ... ...	—	—	1	3	12	5	3
Part Fee remitted, remainder paid ...	2	—	—	1	2	3	1
*Amount paid to Doctors ... ...	£47	£57	£69	£58	£73	£121	£143
*Amount recovered from Patients ...	£20	£31	£48	£47	£38	£76	£105
*Cost to Council ... ... ...	£27	£26	£21	£11	£35	£45	£38

\*These figures relate to financial year ending 31st March, the other figures in the table being for calendar year.

**Unqualified Midwifery.**—The necessity arose during the year for severely reprimanding an unqualified midwife for personally conducting confinements without the supervision of a medical practitioner. No further difficulty has been experienced with this person.

**Central Midwives Board—Conference of representatives of local Supervising Authorities, Northern Group.**—A Conference was held in the Council Chamber on the 8th of September under the chairmanship of Alderman Dr. D. L. Fisher. Certain resolutions and amendments were discussed in connexion with the Statutory Rules for Midwives. The recommendations were forwarded to the Central Midwives Board.

**Registration of Maternity Homes.**—Under the Midwives and Maternity Homes Act, 1926, 6 applications for registration by private persons were received, and after inspection of the premises and the staff by the Medical Officer of Health it was recommended that the necessary certificates be granted. The applicants were all persons well known, of good reputation, and who had carried on their homes successfully for several years. No official application from unsuitable applicants was received, so that the question of an Order refusing registration did not arise. There were no applications for exemption from registration.

The Nursing Homes Registration Act, 1927, has embraced the above Act.

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## LIST OF MIDWIVES PRACTISING IN THE COUNTY BOROUGH OF DARLINGTON.

No. on Roll.	Date of Enrolment.	Name.	Address.
796	28 January, 1904 ...	Bartle, Harriet ...	8, Hammer St., Darlington.
20165	27 April, 1905 ...	Foster, Margaret ...	Gayles Cottage, Bright St.
43728	22 February, 1916	Gait, Sarah Ann ...	12, Thornton Street.
19855	27 April, 1905 ...	Geall, Florence Annie Adelaide	The Green, Cockerton.
67753	12 December, 1925	Goodfellow, Violet Jane	32 Leyburn Road.
42793	10 August 1915 ...	Hale, Alice ...	Queen's Nurses' Association Woodland Road.
55344	11 October 1921	Hancock, Eilen ...	29 Stanley Terrace.
46105	11 August, 1917 ...	Hoskins, Sarah ...	12, Hammer St., Darlington.
58912	13 December, 1922	Jenkin, Jane ...	40, Willow Rd., Darlington.
48034	9 November, 1918	Jones, S. E. ...	Queen's Nurses' Association, Woodland Road.
60455	11 June, 1923 ...	Kirby, Ethel Mary ...	116 Neasham Road, Darlington.
20239	27 April, 1905 ...	Lunn, Tamar ...	21, Aldam St., Darlington.
64546	11 October, 1924	O'Donnell, Ann ...	Queen's Nurses' Association, Woodland Road.
46944	9 February, 1918 ...	Oliver, Eleanor Purvis	Queen's Nurses' Association, Woodland Road.
64585	11 October, 1924	Redhead, Isabel ...	295 North Rd., Darlington.
63631	14 June, 1924 ...	Slater, Ellen ...	13, Hopetown Lane, Darlington.
65529	9 February, 1925	Smith, Annie ...	87, Gurney St., Darlington.
17902	23 March, 1905 ...	Trinham, Louisa ...	Superintendent, Queen's Nurses' Association, Woodland Road.
65116	19 February, 1925	Watson, Ellen ...	22, Four Riggs, Darlington.
60687	11 June, 1923 ...	Wrangham, Elizabeth Ann	Sister-in-Charge, Maternity Ward, General Hospital.

## REGISTER OF MATERNITY HOMES UNDER MIDWIVES AND MATERNITY HOMES ACT, 1926.

Miss Jane Jenkin, 40, Willow Rd., Darlington	2 beds available
Mrs. Isobel Yates, Argyll Nursing Home, Cleve- land Terrace	8 beds.
Mrs. Sarah Gait, 12, Thornton Street	1 bed.
Miss Barbara Miller, Cleveland Nursing Home, Cleveland Terrace	6 beds.
Miss Mary Potter, Coniscliffe Nursing Home, Coniscliffe Road	14 beds.
Miss M. Lazenby, Fairfield Nursing Home, Stain- drop Road	2 beds.
(License transferred to Greencroft Nursing Home, Coniscliffe Road on 6th April, 1928	2 beds).

## SECTION X.

**TUBERCULOSIS.**

There were 87 deaths from Tuberculosis during 1927, as follows :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Tuberculosis of the Respiratory System .... ....	37	31	68
Other Tuberculous Diseases ....	10	9	19

Under the Tuberculosis Regulations 178 cases were notified, 95 of males and 83 of females ; 5 under 1 year of age ; 9 between 1 and 2 ; 3 between 2 and 3 ; 5 between 3 and 4 ; 2 between 4 and 5 ; 29 between 5 and 10 ; 17 between 10 and 15 ; 29 between 15 and 20 ; 47 between 20 and 35 ; 9 between 35 and 45 ; 22 between 45 and 65 ; and 1 over 65 years of age. Of these 32 came from Harrowgate Hill Ward ; 24 from North Road Ward ; 29 from Eastbourne Ward ; 24 from Cockerton Ward ; 10 from Pierremont Ward ; 22 from Central Ward ; 19 from West Ward ; and 18 from South Ward.

**New Cases and Mortality during 1927.**

Age-Periods	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	3	2	...	...	...	...	...	...
1—	5	1	7	6	2	...	3	2
5—	5	6	7	11	...	...	...	2
10—	6	4	3	4	1	...	...	1
15—	11	8	7	3	7	5	2	1
20—	8	12	2	3	4	7	2	...
25—	9	11	...	2	5	11	2	2
35—	4	5	...	...	8	2	...	...
45—	8	5	2	...	7	3	1	1
55—	5	2	...	...	3	3	...	...
65 and upwards	1	...	...	...	...	...	...	...
<b>Totals ...</b>	<b>65</b>	<b>54</b>	<b>30</b>	<b>29</b>	<b>37</b>	<b>31</b>	<b>10</b>	<b>9</b>

Of the above 87 deaths, 9 were cases which came to the knowledge of the Medical Officer of Health otherwise than by notification under the Regulations.

**PUBLIC HEALTH (Prevention of Tuberculosis) REGULATIONS  
1925, and PUBLIC HEALTH ACT, 1925 (Section 62).**

There has been no action taken under the above.

**TUBERCULOSIS SCHEME.**

**Dispensary.**—The Dispensary at Feethams is open for the examination of notified tuberculous patients, suspected cases and their contacts—Tuesdays at 10 a.m. for men; Fridays at 10 a.m. for women and children.

As in previous years the work was carried out by the Durham County Council, who provide a Medical Officer and Nurse for attendance.

The Residential Institutions available for patients are provided also by the Durham County Council.

The number of new cases which have attended the Dispensary during the past eight years is given in the following table:—

1920	....	317	—	1924	....	207
1921	....	256	—	1925	....	266
1922	....	178	—	1926	....	207
1923	....	218	—	1927	....	155

The number of persons who attended the Dispensary during 1927 was 574, and the number of attendances made was 2,039. About 91 per cent. of these patients reside in the Borough.

During the year 170 first visits and 1,863 re-visits were paid to houses by the Tuberculosis Health Visitors.

Three shelters were erected for the use of patients residing in the Borough during the year and 6 shelters were actually in use by Borough patients on the 1st of January 1928.

There is co-operation between the Tuberculosis Medical Officer and the staffs of the Health Office, the School Medical Service and the General Hospital. Quarterly reports are sent by general practitioners providing domiciliary treatment, and patients receiving such treatment usually attend at the Dispensary once a quarter. Where the diagnosis is doubtful the patients are kept under observation by the Dispensary Staff. Home contacts are supervised and examined systematically by the Tuberculosis Medical Officer either at the Dispensary or at the homes. The Tuberculosis Health Visitors visit and give advice in the homes of every case notified.

Advanced cases or those with discharging wounds are nursed and dressed in their homes by Queen's Nurses. Tenpence per visit is paid for this service. 1,232 visits were paid to 29 patients.

The majority of the non-pulmonary cases of Tuberculosis are treated in the Darlington General Hospital, where there are facilities for X-ray examination, surgical operative assistance and the provision of surgical apparatus.

The incidence is given in the following tables :—

**NOTIFICATIONS OF TUBERCULOSIS (Pulmonary and Non-Pulmonary) and DEATHS.**

Year	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>Notified</i>	<i>Deaths</i>	<i>Notified</i>	<i>Deaths</i>
1920	151	61	55	22
1921	124	66	32	17
1922	111	71	47	20
1923	135	69	80	15
1924	119	62	65	21
1925	134	58	56	24
1926	111	59	76	16
1927	119	68	59	19

**PULMONARY CASES IN INSTITUTIONS.**

		Insured		Not Insured		Total	
		Males	Females	Males	Females	Males	Females
Under treatment at the beginning of the year	...	10	1	7	3	17	4
Admitted	...	14	5	5	5	19	10
Discharged	...	16	4	7	6	23	10
Under treatment at the end of the year	...	8	2	5	2	13	4
Number of days treatment	...	2901	811	2438	1017	5339	1828

**NON-PULMONARY CASES IN INSTITUTIONS.**

Under treatment at the beginning of the year	...	2	0	5	4	7	4
Admitted	...	2	2	5	2	7	4
Discharged	...	4	2	7	6	11	8
Under treatment at the end of the year	...	0	0	3	0	3	0
Number of days treatment	...	655	91	1196	445	1851	536

**VOLUNTARY CARE COMMITTEE.**

The excellent work of this Committee has been carried out as in previous years under the Honorary Secretaryship of the Medical Officer of Health. The Annual Report dealing with its work shews the manifold directions of its aims and achievements. Through the Care Committee, facilities are granted and arrangements made for the provision of nourishment, financial assistance, assistance in dental treatment, provision of footgear and clothing

for domestic use and Sanatorium, assisting and advising patients in obtaining suitable employment, giving friendly encouragement and advice to patients as to the mode of life, and the general supervision of the welfare of patients.

During the year ending 31st of March, 1928, 47 new applications were received and help was provided in 43 of these. Thirty-five cases helped in previous years continued to benefit. The total number of cases dealt with since the beginning of the work of the Care Committee in 1919 up to 31st March, 1928, is 364.

The Care Committee have, during the year, rendered real assistance to deserving cases, and their work has been much appreciated by those who have been helped. The Tuberculosis Care Committee, far from being just purely a charitable organisation to help stricken families, is a necessary link in the work being undertaken by Local Health Authorities, not merely by ameliorating the sufferings of the patients and their families, by assisting them materially and otherwise when and where necessary but in reaching the ultimate aim of such Authorities **in seeking to eliminate this dreadful scourge from the community, or at any rate making its prevalence a negligible quantity.**

Personally I am of the opinion that the work of our Maternity and Child Welfare and School Medical staff is of very much more value in checking early tuberculosis than our direct tuberculosis schemes.

**The Housing of our Tuberculous Patients.**—In a special inquiry into the housing conditions of 46 notified cases of open infectious pulmonary tuberculosis, I found that in four instances the patient occupied a bed in the living room night and day. In only 12 cases had the patient a separate room to himself, and in 25 a separate bed. In one case 2 persons in addition to the patient shared the bed, while in 19 cases 3 or more persons shared the same bedroom.

Tuberculosis is not a medical but a social problem, arising nearly every case from insanitary, overcrowded dwellings, and lack of commonsense living. There is evidence that patients often postpone seeking medical advice until too late. Of 42 pulmonary tuberculosis deaths during 1927, 9 had never been notified, 3 were notified to the Health Department on the day before their death, 5 within a month, 14 within three months, 5 within six months and in only 6 cases had a period of more than 6 months elapses between notification and death.

## SECTION XI.

**VENEREAL DISEASES.**

In 1920 a scheme was drawn up making certain improvements as required by the Ministry of Health for the treatment of Venereal Diseases, in connexion with the Skin Department at the General Hospital, Darlington. The work is now carried out by a part-time Medical Officer, a part-time Male Orderly, and a member of the Nursing Staff of the Hospital. Clinics are more frequent and intermediate treatment can be given.

During the past five years much progress has been made in the thoroughness of the treatment and in the facilities presented to the patients, though there is still much need of additional accommodation which cannot be provided in the present buildings.

Patients requiring intern Hospital treatment are admitted on the recommendation of the Medical Officer, two beds being provided.

The appointment of the Medical Officer as part-time Schools Medical Officer has been the means of detecting infected families, leading to the more complete eradication of the diseases and consequent protection of further offspring.

The Department is open for the following sessions :—

**Males.**—Tuesdays 5-30 p.m.

Fridays 5-30 p.m. and by appointment with the Medical Officer.

**Women and Children.**—Mondays 2 p.m.

**Women Only.**—Tuesdays 2 p.m. Fridays 2 p.m.

**For Irrigation.**

**Males.**—Daily from 10 a.m.

**Women.**—Daily from 2 p.m. and by appointment with the Medical Officer.

In spite of the several changes in the staff during the past five years, attendances of men, women and children are slowly increasing, not only those from Darlington, but also those from the districts for 20 miles around. This does not mean that there is necessarily an increase in the incidence of venereal diseases, but rather that the diagnosis is now more readily made and that practitioners are realizing the assistance presented in a neighbouring clinic with a specialist officer at hand. A few Darlington residents have attended the neighbouring clinics at Stockton, Durham, Newcastle, etc.

Opportunities of instruction are given to medical practitioners at the Clinic, and those who are qualified receive free supplies of arsenobenzol compounds on application.

No action has been taken under the Venereal Diseases Act of 1917.

There is a local branch of the British Social Hygiene Council, of which the Medical Officer of Health is the Honorary Secretary.

Laboratory work is carried out at the Clinic by the Medical Officer and at the College of Medicine, Newcastle-upon-Tyne.

Bacteriological Examinations for Darlington patients made at the Durham College of Medicine, Newcastle-upon-Tyne, during the year are set out as follows :—

		For detection of spirochetes	For detection of gonococci	For Wassermann reaction	C.S. Fluid for General Examination	C. S. Fluid for the Wassermann reaction
For Treatment Centre...	...	...	1	150	...	...
For Practitioners	...	...	2	105	1	3
Totals ...	...	...	3	255	1	3

**Specimens examined during past 7 years**  
(including all patients at Treatment Centre).

Year	At Treatment Centre	At Newcastle Laboratory
1921	...	156
1922	189	147
1923	264	137
1924	225	139
1925	218	153
1926	201	210
1927	239	218

**Treatment of Venereal Diseases.**

At the General Hospital, Darlington, 1927.

Number of Darlington Out-patients attending for first time :—

	Males	Females
Syphilis	24	30
Gonorrhœa	78	39
Soft Chancre	1	—
Not suffering from Venereal Disease	26	15
	129	84
Total Attendances	6,449	1,407

**Services at the Venereal Diseases Treatment Centre at the Darlington General Hospital, 1927.**

Classified according to the areas in which the patients resided.

	Darling-ton	Durham	North Riding of Yorks.	Total
Number of cases from each area dealt with during the year <b>for the first time</b> and found to be suffering from :—				
Syphilis ... ... ...	54	23	12	89
Soft Chancre ... ... ..	1	—	—	1
Gonorrhœa ... ... ..	117	37	14	168
Conditions other than Venereal	41	15	6	62
Total ... ... ...	213	75	32	320
Total number of attendances of all patients residing in each area ...	7,856	1,302	518	9,676
Aggregate number of "In-patient days" of all patients residing in each area ... ... ...	28	31	—	59
Number of doses of arsenobenzol compounds given to patients residing in each area :—				
1.—Out-patient Clinic ...	284	49	66	399
2.—In-patient Dept. ...	—	—	—	—

**Number of Darlington County Borough Out-patients attending Clinic for first time.**

	Syphilis		Gonorrhœa		Soft Chancre		Other Cases		Total		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1920	65	42	55	14	2	—	8	5	140	61	201
1921	47	22	24	5	—	—	9	—	80	32	112
1922	36	22	17	12	3	1	13	12	69	47	116
1923	16	22	36	19	—	5	18	12	70	58	128
1924	25	13	49	36	3	1	24	40	101	90	191
1925	32	26	54	30	3	2	24	26	113	84	197
1926	31	27	70	25	1	1	52	29	154	82	236
1927	24	30	78	39	1	—	26	15	129	84	213

## Total Attendances of all Patients from Darlington Borough.

Year	Males	Females
1920	1,239	556
1921	881	353
1922	1,249	567
1923	2,977	1,311
1924	3,564	869
1925	3,448	759
1926	5,651	1,304
1927	6,449	1,407

During the year 22 doses of Novarsenobillon or Sulfarsenol were supplied free of charge to local medical practitioners who were qualified to administer this drug.

## SECTION XII.

### MENTAL DEFICIENCY.

This work, which is administered and carried out by the Medical Officer of Health and the Deputy Medical Officer of Health, who are the certifying officers under the Mental Deficiency Act, comes under the Committee for Promoting the Welfare of Afflicted Persons and not the Health Committee. The Health Visitors assist in the supervision and reporting of home conditions.

Two types of cases are dealt with :—

(a) **Statutory Cases**, consisting of mental defectives under 7 and over 16 years, known to require special care and supervision ineducable mentally defective children between the ages of 7 and 16 years ; and children referred to the Local Authority under the Mental Deficiency Act, as being either incapable of further education in a special school or of being incapable of such education without detriment to other children. All these cases are dealt with under the Mental Deficiency Act, being placed in Institutions, or under guardianship or supervision.

(b) **Education Cases**, consisting of mentally defective children between the ages of 7 and 16 years capable of education in the special school provided. These are dealt with by the Education Committee.

The Medical Officer of Health is also Schools Medical Officer, so that there is liaison in the work.

**Number of Mentally Defective.**—Ascertainment of adult cases is not by any means complete, as several cases only come to the notice of the Medical Officer of Health through such channels as the Health Visitors in their routine home visits in connection with Maternity and Child Welfare, and the Police Courts.

The total number of mentally defective in the Borough known by medical examination is :—

	<i>Males</i>	<i>Females</i>
(a) Statutory and Observation Cases, all ages ....	14 ....	15
(b) Education Cases, 7-16 yrs. ....	39 ....	40
	Total	53
		55
		—108

### Distribution.

The 108 cases are distributed as follows :—

(a) Statutory Cases, &c.

In Certified Institutions ....	7 ....	6
In Feethams Poor Law Institution .... ....	0 ....	2
Under supervision at home ....	7 ....	7
	—	—
	14	15
		—29

(b) Education Cases.

Attending Certified Schools	12 ....	24
Attending Elementary Schools .... ..	24 ....	12
At other Institutions ....	0 ....	2
Resident at home .... ....	1 ....	2
	—	—
	37	40
		—77

(c) Transferred from care of Education Committee to Local Control Authority during 1927 .... ....

2 ....	0	—2
Total	53	55
		—108

The placing of these unfortunate cases in suitable institutions presents a great difficulty, firstly in discriminating which defectives should be removed, as the available institutional vacancies are very few, and secondly because the financial burdens are heavy. The Board of Control are therefore urging Local Authorities to press forward their arrangements for care other than institutional. Such arrangements include increased home supervision, appointment of guardians, and the establishment of occupation centres.

At present under the Education Committee Scheme the Special School for mentally defective children, of which Miss Clegg is in charge, is doing excellent work, but unfortunately most of the children on their discharge at 16 years of age find themselves obliged to join the ranks of the unemployed. They cannot hold their own in the labour market, and in their endeavour to be busy they find the wrong thing.

The subjects of instruction at such centres are very elementary, inculcating ideas of cleanliness, neatness, discipline, muscle control and everyday things of life. For low grade children, drill, sense training, singing, polishing and easy household work, such as setting a table, sweeping up crumbs, provide opportunities for amusement, companionship and occupation in a way which is impossible in the homes from which these cases usually come. The higher grade defectives receive instruction in plain sewing, hemstitching, raffia mats, basket work, and rug making.

The establishment of such a centre in Darlington will take place this year, Miss Holmes a well experienced worker having been appointed as secretary of the local Mental Welfare Association and Supervisor of the Occupation Centre.

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### SECTION XIII.

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## SANITARY CIRCUMSTANCES OF THE AREA.

Particulars of Sanitary administration are also given in the Report of the Chief Sanitary Inspector printed herewith.

**Water Supply.**—In the past complaints have been made concerning the water which is supplied by the Corporation Waterworks by pumping from the River Tees at the extreme western end of the Borough. Occasionally it was highly coloured and contained organic matter and growth visible to the naked eye. This could only be expected, as the river, having an extensive moorland watershed area in both Yorkshire and County Durham, at times naturally contains much peaty matter, suffers sudden rises and falls according to the rainfall, has a low summer level and receives the sewage effluent from Barnard Castle and the surface water from the well cultivated farms in the neighbourhood. The Corporation therefore decided to supplement the existing steam pumping plant with electrically driven pumps and to replace the slow open gravitation sand filters by closed pressure mechanical

filters. These are now in service. Purification of the water by the addition of a small quantity of lime and alumina ferrie, which by their combination produce a gelatinous layer of chemical compound on top of a bed of sand, ensures effective filtration of the water, and at the same time removes the colour due to peat. In addition to this, provision has also been made for chlorination if found necessary.

A constant supply is maintained and chemical and microscopic examinations are made periodically by the Borough Analyst.

The total number of houses supplied with water is approximately 16,000 within the Borough, and 400 outside.

Some evidence of plumbosolvency has been found during the year, but in no case was the minimum standard for soft water exceeded.

**Rivers and Streams.**—There is very little trade pollution of the rivers and streams in the town. Some pollution is caused by the occupiers of gardens and allotments throwing refuse into the streams.

The River Skerne, which flows through the town only causes trouble during wet seasons by reasons of a fixed weir which impedes the storm water, causing it to overflow into lowlying waste land in Valley Street, at present used as a tip. The Coakerbeck is not so liable to pollution as formerly, as the allotment gardens in the valley have now been replaced by a well laid out park.

**Drainage, Sewerage and Closet Accommodation.**—The town is sewered on the partially combined system, and storm overflows are provided discharging at convenient points, chiefly in the neighbourhood of the River Skerne. The sewage is conveyed to the Sewage Farm situated on the west bank of the Skerne, about a mile to the south of the town. Treatment of the sewage is carried out by broad irrigation.

As there are still approximately 6,000 privy ash pits in use in the town, the question of additional means of sewage disposal is being considered, as a scheme for a complete water carriage system is now in hand. During the year no notices under Section 36, Public Health Act, 1875, have been served. Water closets have been voluntarily substituted by the owners in 15 cases.

**Scavenging.**—The scavenging of the town has been fairly satisfactorily carried out. During the period of the coal dispute, the absence of ashes and the popularity of the gas stoves rendered the removal of the fluid contents of privy ash pits, pans and middens, a most objectionable task. The refuse is disposed of principally by depositing on tips which are covered with soil or clean ashes. A small proportion of privy refuse is conveyed to farms for use on the land. The conversion of the privy ash pits will wipe away this problem to a great extent.

**Cemeteries Extensions.**—In connexion with the proposed extensions at the North and West Cemeteries and the proposed new Cemetery in the Eastbourne District, inspections were carried out by your Medical Officer of Health and certificates were given that the extensions would in no way endanger the amenities of the neighbourhood from a health point of view.

**Crematorium.** — Public opinion is now awaking to this sanitary method of disposal of our dead. The Darlington Crematorium was used during the year for the record number of 40 cremations.

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## SECTION XIV.

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### LEGISLATION INTRODUCED DURING 1927.

Many new Orders and Regulations were issued by the Minister of Health during the year, and it has proved quite a task keeping the practical work up to date with the legislation.

#### BIRTHS AND DEATHS REGISTRATION ACT, 1926.

Came into operation on the 1st of July 1927. Sections 1, 2, 3, 5, 6, 7, and 11 of this Act outline certain procedure to be followed before burial or cremation with special provision for the registration of Still-births by Registrars.

### **SALE OF FOOD AND DRUGS ACT, 1927.**

Came into operation 12th April, 1927. Its purpose is to link up with existing legislation the new Regulations dealing with the use of preservatives and colouring matters in food.

### **CORONER'S (AMENDMENT) ACT, 1926.**

Came into operation on 1st May, 1927. Deals, amongst other things, with the holding of Inquests. Post-mortem and special examinations, etc. Amends certain Sections of the Coroner's Act, 1887 and repeals certain Sections of the 1887 and other Acts.

### **MIDWIVES AND MATERNITY HOMES ACT, 1926.**

Came into operation on the date of its passing, 4th August 1926 ; with the exception that Part II regarding the Registration of Maternity Homes, came into operation on the 1st January, 1927.

Part I deals with Amendments of the Midwives Act, 1902 and 1918, Part II with the Registration of Maternity Homes, and Part III repealed certain provisions of the Lying-in Hospitals, Act, 1773, which required such hospitals to be licensed by Quarter Sessions. Part II also provided that nothing in the 1926 Act should affect the provisions of any Local Act and the provisions of Part II do not therefore apply in any area in which a Local Act is in force requiring the registration of Maternity Homes by the Local Supervising Authority.

### **NURSING HOMES REGISTRATION ACT, 1927.**

Comes into operation on the 1st of July 1928. Repeals Part II of the Midwives and Maternity Homes Act, 1926; Section 12, and parts of Section 14 of Part III of that Act. The 1927 Act legislates for the registration, inspection and supervision of all Nursing Homes.

### **INFECTIOUS DISEASES REGULATIONS, 1927.**

Came into force on the 1st of January 1928. Trench Fever is no longer notifiable. Therapeutic Malaria is notifiable only when a patient, being discharged from an Institution, is liable to be infectious ; otherwise Malaria, Dysentery or Acute Primary Pneumonia or Acute Influenzal Pneumonia remain notifiable as before.

### **FERTILIZERS AND FEEDING STUFFS ACT, 1926.**

This Act repeals the Fertilizers and Feeding Stuffs Act, 1906, and comes into operation on 1st July, 1928. Under the 1926 Act your Chief Sanitary Inspector has been appointed Inspector and Official Sampler for Darlington.

**PUBLIC HEALTH SMOKE ABATEMENT ACT, 1926.**

Came into operation on 1st July, 1927.

**The Public Health (Imported Milk) Regulations, 1926.** Came into operation on 1st January, 1927.

**The Public Health (Dried Milk) Amendment Regulations, 1927.** Came into operation on the 1st of September 1928.

**The Public Health (Condensed Milk) Amendment Regulations, 1927.** Came into operation on the 1st of May, 1928. so far as they amended Part III of the principal Regulations (relating to importation) and in other respects on the 1st of September, 1928.

**The Public Health (Preservatives etc, in Food) Amendment Regulations. (Dated 25th June, 1927)** are cited together with previous Regulations as the Public Health (Preservatives, &c. in Food) Regulations, 1925 to 1927.

**Provisional Regulations Dated 8th April, 1927** made by the Ministry of Health for amending the Public Health (Preservatives, etc., in Food) Regulations.

**Adoptive Acts, etc.**—The following Acts have been adopted in the Borough :—

Baths and Wash-houses Acts of 1846 and 1847.

Infectious Disease (Notification) Act, 1889.

Infectious Disease (Prevention) Act, 1890.

Public Health Acts Amendment Act, 1890.

Public Health Acts Amendment Act, 1907 (except Sections 48, 82, 83, 92 and 94).

Public Health Act, 1925, Sections 13-23 ; 25-30 ; 32 ; 33 ; 35-39 ; 41-55 ; all inclusive.

The most important local Act dealing with Public Health matters is the Darlington Extension and Improvement Act, 1872. This Act conferred on the Darlington Council powers with regard to closing property unfit for human habitation of the same character as those contained in the most recent Acts.

Section 92 of the Darlington Extension and Improvement Act, 1872, requires that all private slaughter-houses in the Borough should be licensed.

On May 30th, 1911, an Order was obtained from the Local Government Board, under Section 50 of the Public Health Acts Amendment Act, 1907, declaring the trades of fat melter or fat extractor, fish fryer, gut scraper, rag and bone dealer, and candle maker within the Borough to be offensive trades.

Under the City of Leeds, etc. (Measles and German Measles) Regulations, 1920, Measles and German Measles are notifiable in Darlington.

Chickenpox was made notifiable in the Borough on 23rd December, 1923.

Under the Borough of Darlington (Whooping Cough) Regulations, 1926, first cases of Whooping Cough occurring in children under five years of age, are notifiable in Darlington.

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## SECTION XV.

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### **HOUSING.**

From the Census Statistics it is estimated that 5.8 per cent. of our families are sharing a house compared with 10.0 per cent. for the neighbouring County Boroughs in Durham. In pre-war days there was generally a housing surplus of sufficient size to keep rents from advancing out of proportion to the capacity of the people to pay and to permit of the free movement of the population by the process of "stepping," *i.e.*, advancing from the poorer to the better classes of housing.

By reason of the economic conditions even the weekly rent of 7/6 now being charged for the new Corporation kitchen houses is a barrier to many hoping to improve their environment. The effect of all this is that the worst class of housing, chiefly in the Park Street area, is the most crowded. Potential movers are deterred by the steepness in the ladder of rents from transferring from one class of property to another. Our worst areas therefore are crowded with people who are in addition to the habitual slum dwellers, because of the stoppage of the normal movement from poor to better houses.

During the last ten years a total of 2,467 houses have been built in the town.

This figure would compare very favourably with that of any other town of Darlington's size.

Since the passing of the Housing Act of 1923, Darlington has applied for and been allotted 1,500 subsidy certificates.

Of the 1,500 already allotted, 1,474 have already been issued or promised, and 1,173 subsidy houses have been completed.

The following figures show the progress made in house building since 1918 :—

		Private Enterprise.						
		Without Subsidy.	With Subsidy.	By Corporation.				Total.
1918	....	....	2	....	—	....	—	....
1919	....	....	6	....	—	....	—	....
1920	....	....	17	....	—	....	—	....
1921	....	....	9	....	—	....	86	....
1922	....	....	187	....	—	....	152	....
1923	....	....	264	....	1	....	35	....
1924	....	....	103	....	208	....	18	....
1925	....	....	196	....	299	....	15	....
1926	....	....	81	....	256	....	56	....
1927	....	....	56	....	334	....	—	....
1928 to date	....	17	....	75	....	—	....	92
		—	—	—	—	—	—	—
Total	....	938		1173		356		2467
Huts	....	....	....	....	....	....	10	
Council Houses outside Borough	....			....	....	....	35	

It will be noted that since 1921 the Corporation have built 391 houses, and also let ten huts, which are situated off Haughton Road.

## Housing Statistics for the year 1927.

Number of new houses erected during the year :—

(a) Total (including numbers given separately under (b) and (c) .... .... .... .... .... ....	390
(b) With State assistance under the Housing Acts— (i) By the Local Authority .... .... ....	0
(ii) By other bodies or persons .... ....	334
(c) By private enterprise .... .... ....	56

1.—Unfit Dwelling-houses—

Inspection—

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) .... .... .... .... ....	693
(2) Number of dwelling-houses which were in- spected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidation Regulations, 1925	42
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .... ....	—
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation .... .... ....	—

2.—Remedy of defects without service of Formal Notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action taken by the Local Authority or their officers .... .... ....	366
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3.—Action under Statutory Powers :—

(a) Proceedings under Section 3 of the Housing Act, 1925— (1) Number of dwelling-houses in respect of which notices were served requiring repairs	—
(2) Number of dwelling-houses which were rendered fit after service of formal notices :— (a) By Owners .... .... ....	—
(b) By Local Authority in default of owners .... .... ....	—

(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	....	....	....	—
(b) Proceedings under Public Health Acts—				
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	....	....	....	255
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—				
(a) By Owners	....	....	....	133
(b) By Local Authority in default of owners	....	....	....	—
(c) Proceedings under Sections 11, 14 and 15 of the Housing Acts, 1925 :—				
(1) Number of representations made with a view to the making of Closing Orders	....			
(2) Number of dwelling-houses in respect of which Closing Orders were made	....			
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	....	....	....	—
(4) Number of dwelling-houses in respect of which Demolition Orders were made	....			
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	....			

## SECTION XVI.—STATISTICAL TABLES.

## BIRTH-RATE, DEATH-RATE and ANALYSIS of MORTALITY during the Year 1927.

(Provisional figures. The rates have been calculated on a population estimated to the middle of 1927. The Mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns. As the registration of stillbirths did not come into operation until 1st of July, 1927, no stillbirths are included.)

BIRTH-RATE per 1000 TOTAL POPULATION	ANNUAL DEATH-RATE per 1,000 POPULATION.										RATE PER 1,000 BIRTHS			PERCENTAGE OF TOTAL DEATHS		
	All Causes	Enteric Fever	Smallpox	Measles	Whooping Cough	Scarlet Fever	Diphtheria	Influenza	Violence	Diarrhoea and Enteritis (under 2 years)	Total Deaths under One Year	Certified by Coroner after P.M.	Inquest Cases	Registrered Med. Pract.	Uncertified Causes of Death	
England and Wales .. .. ..	16.7	12.3	0.01	0.00	0.01	0.01	0.07	0.09	0.07	0.57	0.51	6.3	6.9	91.7	6.6	0.7*
105 County Boroughs & Great Towns including London .. ..	17.1	12.2	0.01	0.00	0.12	0.01	0.10	0.08	0.49	0.46	8.3	7.1	91.9	6.6	0.9*	0.6
158 Smaller Towns (1921 Adjusted Populations 20,000—50,000) ..	16.4	11.3	0.01	0.00	0.07	0.01	0.08	0.05	0.58	0.41	5.0	6.8	92.7	5.8	0.3*	1.2
London .. .. ..	16.1	11.9	0.01	0.00	0.04	0.01	0.12	0.09	0.39	0.51	7.5	5.9	90.3	7.9	1.8*	0.0
Durham County .. .. ..	20.0	12.2	0.01	0.02	0.19	0.03	0.10	0.07	0.50	0.38*	6.97	9.6	97.0	—	—	3.0
<b>DARLINGTON</b> .. .. ..	<b>16.1</b>	<b>11.6</b>	<b>0.01</b>	<b>0.00</b>	<b>0.27</b>	<b>0.00</b>	<b>0.10</b>	<b>0.07</b>	<b>0.55</b>	<b>0.31*</b>	<b>3.48</b>	<b>6.7</b>	<b>91.4</b>	<b>5.5</b>	<b>—</b>	<b>3.1</b>

\* The Coroners' (Amendment) Act, 1926, which came into operation on the 1st May, 1927, provided for the registration of deaths on a certificate of the Coroner after P.M. without inquest. These percentages relate therefore to 8 months of the year only.

\* Excluding Suicide.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN DARLINGTON, 1927. (Figures supplied by the Registrar General).

CAUSES OF DEATH	Sex	All Ages	Residents & Nonresidents in Darlington Institutions						Deaths of Residents in other Institutions
			0—1	2—5	15—25	45—65	75—	Residents & Nonresidents in Darlington Institutions	
17. Arterio-sclerosis ...	M.	32	...	...	3	15	14	10	3
	F.	11	...	...	3	5	3	1	1
18. Bronchitis ...	M.	21	4	1	3	5	8	3	...
	F.	20	3	1	1	4	4	1	...
19. Pneumonia (all forms) ...	M.	51	8	8	5	11	5	13	2
	F.	33	4	2	4	11	4	6	2
20. Other Respiratory Diseases ...	M.	7	...	1	1	1	2	1	...
	F.	8	...	...	1	1	1	4	...
21. Ulcer of Stomach or Duodenum	M.	1	...	...	1	1	1	1	...
	F.	1	...	...	1	1	1	1	...
22. Diarrhea, etc. ...	M.	4	...	1	2	...	...	...	...
	F.	4	...	1	1	...	1	1	...
23. Appendicitis and Typhlitis ...	M.	1	...	...	1	...	...	...	...
	F.	5	...	...	1	...	4	1	...
24. Cirrhosis of Liver ...	M.	...	...	...	...	...	...	...	...
	F.	...	...	...	...	...	1	1	...
25. Acute and Chronic Nephritis ...	M.	12	...	...	1	2	5	3	...
	F.	10	...	...	1	1	1	6	...
26. Puerperal Sepsis ...	M.	...	...	...	...	...	...	...	...
	F.	...	...	...	...	...	...	1	...
27. Other Accidents and Diseases of Pregnancy and Parturition ...	M.	...	...	...	...	...	...	...	...
	F.	...	...	...	...	...	...	...	...
28. Congenital Debility and Malformation, premature Birth ...	M.	20	...	...	...	...	...	...	...
	F.	14	14	14	14	14	14	14	...
29. Suicide ...	M.	16	...	...	...	...	4	12	...
	F.	5	...	...	...	...	1	1	...
30. Other Deaths from Violence and Accidents ...	M.	15	...	...	1	2	2	1	1
	F.	7	...	...	1	1	1	1	1
31. Other defined diseases ...	M.	89	14	2	3	2	5	21	36
	F.	85	4	3	3	1	8	13	34
32. Causes ill-defined or unknown...	M.	5	...	...	...	...	4	1	...
	F.	3	...	...	...	...	1	1	1

## INFANT MORTALITY.

1927. NET DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER ONE YEAR OF AGE.

CAUSES OF DEATH			Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 4 weeks	4 Weeks— 3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under 1 Year
All causes	Certified	Uncertified	20	4	1	5	30	15	10	9	7	71
			5	...	...	...	5	...	...	1	...	6
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...
Chickenpox	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	2	1	3
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	1
Whooping Cough	...	...	...	...	...	...	...	...	1	...	...	...
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...
Influenza	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	2	...	1	2	5	...	...	1	1	7
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	1	3	1	1	6
Pneumonia (all forms)	...	...	...	...	...	...	...	2	3	4	2	11
Diarrhoea	...	...	...	...	...	...	...	...	...	...	...	...
Enteritis	...	...	...	...	...	...	...	...	...	...	...	...
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...
Gastro-enteritis	...	...	...	...	...	...	...	...	1	...	...	1
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...
Injury at birth	...	2	...	...	...	...	2	...	...	...	...	2
Atelectasis	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformations	...	3	...	...	...	3	1	...	...	...	...	4
Premature Birth	...	9	3	...	2	14	3	...	...	...	...	17
Atrophy, Debility and Marasmus	...	8	1	...	1	10	6	...	2	...	...	18
Other causes	...	1	...	...	...	1	2	2	...	2	...	7
Totals	...	...	25	4	1	5	35	15	10	10	7	77

Net Births in the year—Legitimate, 1,095; illegitimate, 53.

Net Deaths in the year—Legitimate infants, 71: males, 41; females, 30.  
Illegitimate infants, 6: males, 5; females, 1.

## CANCER DEATHS—PARTS OF BODY AFFECTED.

PARTS AFFECTED	Under 35		35-45		45-55		55-65		65-75		75 and up		Total		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Peritoneum, Intestines and Rectum	...	...	...	...	...	...	2	4	...	1	2	1	3	6	7
Stomach and Liver	...	...	1	1	4	3	6	4	5	3	3	1	19	12	
Reproductive Organs	...	...	1	1	2	...	6	1	6	3	2	1	4	6	21
Breast	...	...	...	...	1	...	1	...	3	...	1	...	1	...	7
Other Glands	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Mouth and Throat	1	...	...	...	...	...	...	1	...	...	...	1	...	3	...
Bones	...	...	...	...	...	1	...	2	...	...	...	1	...	4	...
Other Parts	...	3	1	1	...	...	3	...	2	...	...	...	9	1	
Totals	...	4	2	3	4	5	12	17	14	11	8	7	9	47	49

## INFECTIOUS DISEASES IN WARDS.—1927.

## NOTIFIABLE DISEASES DURING 1927.

DISEASE.	Under 1		1—		2—		3—		4—		5—		10—		15—		20—		35—		45—		65—		Total Deaths		Total Cases Notified		Cases Admitted to Hospital		Deaths in Isolation Hospital		
	Under 1	1—	2—	3—	4—	5—	10—	15—	20—	35—	45—	65—	15	18	20	28	3 (1)	14 (2)	3 (1)	2	6	21	3	120	...	5	38	3	...	...	...		
Small-pox	...	...	...	1	1	3	2	2	2	28	20	15	18	15	14 (2)	3 (1)	2	6	2	2	21	3	120	...	5	38	3	...	...	...			
Diphtheria	...	...	...	...	...	3 (1)	3 (1)	5	14 (2)	3 (1)	2	6	18	15	20	28	3 (1)	2	6	2	2	21	3	120	...	5	38	3	...	...	...		
Scarlet Fever	...	...	...	1	13	13	20	20	76	37	13	11	11	11	11	11	11	1	1	1	1	1	1	186	...	178	...	178	...	1	1		
Enteric Fever	...	...	...	...	...	...	...	...	...	...	1	6	6 (1)	11	11	11	11	1	1	1	1	1	1	25	1	20	1	20	1	...	...		
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Pneumonia	...	...	...	8 (11)	20 (12)	14 (4)	9 (2)	15 (4)	30 (5)	11 (1)	8 (1)	31 (7)	20 (5)	20 (5)	30 (25)	29 (20)	225	225	225	225	225	225	225	225	225	225	225	225	225	225	225	225	225
Ophthalmia Neonatorum	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	1	...	...	...	...	1 (1)	...	...	...	...	...	...	...	5	2	2	9	4	4	22	1	1	1	1	1	1	1	1	1
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	1	1 (1)	1 (1)	1 (1)	1 (1)	1 (1)	1 (1)	1 (1)	1 (1)	1 (1)	1 (1)	1 (1)	1 (1)	7	5	5	5	5	5	5			
Measles and German Measles	...	58 (3)	118 (10)	189 (2)	231 (1)	1097	43	7	10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Chicken-pox	...	23	21	21	25	49	257	33	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Acute Anterior Poliomyelitis	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	8 (1)	8 (1)	9 (2)	13	22 (1)	12 (2)	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	

Numbers in brackets signify deaths. <sup>†</sup> 13 of these deaths were classified by the Registrar General as due to Influenza but cannot be definitely accounted for as having been admitted to Isolation Hospital as suffering from Pneumonia.

## **INFECTIOUS DISEASES.**

The following table shows the number of cases of **Infectious Disease** notified each month during 1927

\*\* Cases of Whooring Cough in children under 5 years of age became notifiable as from 1st February, 1927.

Trench Fever ceased to be notifiable after 31st December, 1927.

No cases of French Fever were notified in 1927.

Incidence of NOTIFIABLE DISEASES, DEATHS and ADMISSIONS TO ISOLATION HOSPITAL during the past seven years.

\* Notifiable since 1923.

† Notifiable since 1st October, 1926.

under 5 years of age became notifiable on 1st February, 1927.  
Under 5 years of age 21st December 1927

of Whooping Cough in Children under 5 years of age became notifiable after 31st December, 1927. Trench Fever ceased to be notifiable after 31st December, 1927. No cases of Trench Fever were notified in any of the years 1921-27.

SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1927 TAKEN DAILY AT  
THE SOUTH PARK, DARLINGTON.

Month	Barometer Reading (Inches)		Temperature Registered (Degrees Fahr.)		Total Rainfall (in inches)	Rainfall in any 24 hours (in ins.)	Depth (in ins.)	Date of Greatest Fall	Number of days on which rain fell .01 inches or more
	Highest	Lowest	Highest	Lowest					
January ...	29.9	28.5	55	19	1.59	0.26	26	23	
February ...	30.4	28.8	54	22	0.93	0.19	28	14	
March ...	30.1	28.6	67	26	2.48	0.56	25	24	
April ...	30.1	28.9	58	26	1.98	0.24	8	25	
May ...	30.3	29.5	68	26	1.85	0.56	4	18	
June ...	30.2	29.3	72	33	2.78	0.61	25	22	
July ...	30.2	29.3	78	39	4.09	0.96	5	18	
August ...	30.3	29.2	83	27	5.26	0.91	8 & 18	23	
September ...	30.1	28.7	79	33	4.46	1.37	20	22	
October ...	30.4	29.2	68	30	1.88	0.48	21	18	
November...	30.3	28.9	70	21	1.58	0.30	7	22	
December ...	30.5	28.6	56	6	2.16	0.46	14	20	
Totals ...	...	...	...	...	31.04	...	...	249	
Averages...	...	...	...	...	2.59	...	...	20.75	

REMARKS ON THE YEAR.

The average rainfall for Darlington is 26 inches.  
Rain has fallen on more days in 1927 than in any year since 1900.

Rainfall for 1926, 28.39 inches.

Rain fell on 221 days in 1926 and on 249 days in 1927.

T. T. MORRISON, Superintendent of Parks.

3rd January, 1928.



County Borough of Darlington.

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# ANNUAL REPORT

OF THE

CHIEF SANITARY INSPECTOR,

Jno. R. Copping, A. R. San. I.,

FOR THE

Year ending 31st December, 1927.

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DARLINGTON.

—

1928.



## SANITARY INSPECTOR'S REPORT.

1927.

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*To the Chairman and Members of the  
Health and Sanitary Committee.*

Gentlemen,

I have pleasure in submitting for your information my Annual Report for 1927.

**General Sanitary Work.**—During the past year 1,538 Inspections and 3,332 Re-Inspections of houses were made under the Public Health Acts and the Housing and Town Planning Acts. 630 Informal Notices were served upon the owners of property in respect of 1,340 nuisances existing thereon, and in very many cases the nuisances were abated without further action being necessary. The remaining cases where the notices were not complied with, were included in my monthly reports submitted to you. Upon your instructions 255 Statutory Notices for the abatement of 630 nuisances were served during the year. The total number of nuisances abated in compliance with notices served during the year was 1,226.

The following is a summary of the various headings under which such notices were served :—

		Number of Nuisances dealt with by Informal Notices	Number of Nuisances dealt with by Formal Notices by Order of the Council	Number of Nuisances abated after Notice
Dwelling-houses and Schools—				
Foul Conditions ....	....	2	—	2
Structural Defects ....	....	597	361	553
Lodging-houses ....	....	1	—	1
Slaughter-houses ....	....	1	—	1
Bakehouses ....	....	11	—	11
Ashpits and Privies ....	....	306	79	229
Deposits of Refuse and Manure ....	....	10	1	11
Water Closets—				
Drains stopped up and Defective Fittings ....	....	90	38	104
Defective Yard Paving ....	....	49	37	38
House Drainage—				
Yard, Scullery, and Cellar Drains, and Down-pipes stopped up and Defective Drains and Traps ....	....	121	57	119
No disconnection from Sewer ....	....	5	1	4
Water Supply to Houses ....	....	1	1	2
Animals and Poultry Improperly kept ....	....	14	3	15
Defective Sinks or Slopstones ....	....	86	34	92
No Slopstones ....	....	17	9	12
No Pantries ....	....	29	9	32
Totals for 1927 ....	....	1,340	630	1,226

**Living Vans, Tents, and Sheds.**—Notices were served in 7 cases in respect of contraventions of the Bye-Laws relating to the above, and 4 were duly complied with.

**The Housing (Inspection of District) Regulations, 1910.**—During the year 42 houses were inspected in accordance with the above Regulations. In 32 cases notices were served for the remedying of sanitary defects, and in 28 cases such notices were complied with.

**Increase of Rent and Mortgage Interest (Restrictions) Act, 1920.**—During the year no applications were received for Certificates under Section 2 (2) of the above Act.

**Sanitary Conveniences.**—During the year there have been 28 water-closets substituted for 28 privy-ashpits. In 27 cases these substitutions were done by the owners voluntarily, and in the remaining case to meet the requirements of the Council in considering an application for the Registration of a Milkseller.

In 7 cases privy-ashpits have been removed and no water-closets substituted where the premises were already provided with a water closet. In 3 of these cases tipping bins and in 4 cases portable bins were provided for the deposit of household refuse.

The following is a list of the various forms of sanitary conveniences in use in the Borough:—

Water-closets	....	....	....	....	11,799
Combined Privy-ashpits	....	....	....	....	6,533
Privy-pans	....	....	....	....	166
Old Privy-middens	....	....	....	....	12
					—
					Total   ....   18,510

**Infectious Diseases.**—During the year 186 cases of Scarlet fever, 40 cases of Diphtheria, 25 cases of Typhoid or Enteric fever, 22 cases of Erysipelas, 1 case of Malaria, 7 cases of Encephalitis Lethargica, 120 cases of Small-pox and 439 cases of Chicken-pox were notified. Detailed enquiries were made in each case and the necessary precautions taken against the spread of infection.

The 120 cases of Small-pox caused a very large amount of extra work as, in addition to the usual enquiries, over 3,500 visits were paid to contacts.

The following are particulars of the fumigation of houses and other buildings, and the disinfection of bedding, clothing, etc., during the year:—

	Fumigations				Lots of Bedding and Clothing Disinfected
	Hos- pitals	Houses	Schools and other Buildings	Rooms	
Infectious Disease other than Tuber- culosis, Cancer, etc.	7	342	13	507	344
Tuberculosis ....	—	32	—	41	30
Cancer ....	—	7	—	8	2
Measles, etc. ....	2	8	1	29	7
<b>Totals</b> ....	<b>9</b>	<b>389</b>	<b>14</b>	<b>585</b>	<b>383</b>

**Factories, Workshops and Work-places.**—The number of Workshops, including Bakehouses, on the Register at the 31st December, 1927, was 420, and the number of Factories, 189.

During the year 931 Inspections have been made and the following is a list of the defects found and dealt with:—

#### FACTORIES, WORKSHOPS AND WORKPLACES.

				Found	Re- medied
Want of cleanliness ....	....	....	....	7	7
Want of ventilation ....	....	....	....	2	2
Other nuisances ....	....	....	....	10	10
Sanitary Accommodation—					
Insufficient ....	....	....	....	1	1
Unsuitable or Defective	....	....	....	7	7
Want of cleanliness....	....	....	....	6	6
Not separate for sexes	....	....	....	1	0
Not separate approach	....	....	....	1	1
Not provided with proper means of escape in case of fire ....	....	....	....	1	1
<b>Total</b> ....	....	....	....	<b>36</b>	<b>35</b>

Eleven notices of defects to be dealt with under Public Health Acts were received from the Factory Inspector, and in each case the premises were inspected, notices served where necessary, and the defects, in all cases but one, were remedied.

**Outworkers.**—I received 9 lists containing the names of 11 tworkers, and 12 inspections of the premises of such Outworkers re made.

**Food and Drugs.**—During the year 205 samples were taken Analysis as follows :—

New Milk	....	....	....	....	84
Spirits	....	....	....	....	12
Drugs	....	....	....	....	26
Provisions	....	....	....	....	72
Sausage, Potted Meat, &c.	....	....	....	....	11
					—
					205

Of the 84 samples of New Milk, 35 were from Purveyors ofilk carrying on business in the Borough and 49 from Purveyors Milk carrying on business but not residing in the Borough—64 mples were morning samples and 20 were afternoon samples.

81 samples of New Milk, 12 samples of Spirit, and 1 sample ofrugs were Formal samples, and the remaining 3 samples of Milk, 3 of Drugs, 72 of Provisions, and the 11 of Sausage, &c., were formal samples.

182 samples were of genuine quality and 23 were below andard.

Of the 23 samples below standard 16 were of milk, 2 of Spirit and 5 of Drugs, and the following are particulars of the action ken :—

o. 44 Milk	Fined £2 & £4 4s. Costs.
80 ,,	Case Dismissed.
91 ,,	Fined £2 & £4 4s. Costs.
93 ,,	Case Withdrawn.
102 ,,	Case Dismissed.
199 Whiskey,	Fined £1 & £2 10s. Costs.
200 ,,	Fined £1 & £2 10s. Costs.
26 ,,	Letter of Warning to Purveyor.
30, 65, 67, Milk.	Further samples taken.
47, 52, 53, 59, 69, 75, Milk.	Slightly below standard, and no action taken.
72 Milk	Informal Appeal sample.
10 Light Magnesia.	Warning given.
19 Gregory Powder	No action taken, Purveyor adjudicated Bankrupt. The Gregory Powder was labelled Stomachic Powder.
20 Light Magnesia.	Further sample taken.
25 Calcined Magnesia.	Doubtful quality. No action taken.
108 Light Magnesia.	

### **MILK (Special Designations) ORDER, 1923.**

The Special Designations under which Milk may be sold in pursuance of this Order are :—“ Certified,” “ Grade A (Tuberculin Tested),” “ Grade A ” and “ Pasteurised.”

The Retailers License granted in 1926 for the Sale of “ Certified ” Milk has been discontinued.

During the year 2 Licenses were granted for the Sale of Pasteurised Milk and they are the only 2 Licenses now in operation in the Borough under the above Order.

During the year 4 samples of Pasteurised Milk were taken and submitted for Bacteriological Examination, in 3 cases the results were satisfactory, and in the remaining case a further sample was taken which proved satisfactory.

### **MILK AND DAIRIES ORDER, 1926.**

There were 21 Milk Producers and 147 Milk Retailers upon the Register at the 31st December 1927, 4 Producers and 18 Retailers having discontinued and 1 Producer and 19 Retailers were added to the Register.

There are 37 persons retailing Milk in the Borough who reside outside the Borough Boundary, an increase of 1 as compared with the previous year.

Proceedings were taken against 2 Purveyors of Milk for Filling and Closing Milk Bottles in a Public Street contrary to Clause 31 Sub clause (2) of the Milk and Dairies Order 1926 and Sec. 1, sub section 3 of the Milk & Dairies (Consolidation) Act 1915 One Defendant was ordered to pay 25/- Costs and the other was fined £1 and 10/- Costs.

There were 21 Cowsheds on the Register in the Borough and during the year the whole of such cowsheds were inspected, in company with the Veterinary Inspector (Mr. F. H. Sanderson) and in several cases where the provisions of the Order were not being observed the special attention of the Cow-keepers was called to the fact and the requirements of the Order fully explained.

Mr. Sanderson made an examination of 115 cows in 10 cow sheds on such visits and the remaining cows were I understand examined by him on other occasions. As a result of the Veterinary examinations by Mr. Sanderson he subjected 4 suspicious cows to the Tuberculin test and all four gave a strong re-action; they were accordingly slaughtered and on Post mortem examination each case proved to be one of Generalized Tuberculosis.

**Milk and Cream Regulations, 1912 and 1917.**—The whole of the 84 samples of New Milk were examined for Preservatives but in no case was any Preservative found. No samples of Cream were taken.

**Inspection of Meat and other Foods.**—The total number of beef and veal animals inspected at the time of slaughter or immediately afterwards was 5,776, which is about 90 per cent. of the total beef and veal animals slaughtered in the Borough.

There have been 152 cases of emergency slaughter, involving 59 cows, 8 bulls 26 bullocks, 29 heifers, 8 calves, 6 sheep and 6 pigs, notified to me for inspection, and as a result of these inspections the carcasses and all organs of 13 cows, 2 bulls, 5 bullocks, 5 heifers, 4 calves, 2 sheep, and 1 pig, and portions only of the carcasses of 22 cows, 3 bulls, 8 bullocks, 9 heifers, 3 calves, and 1 pig were condemned and destroyed.

Of the above cases, 90 animals were killed and dressed outside the Borough and 62 in Slaughter-houses in the Borough.

There were also 55 pigs slaughtered by or on behalf of Allotment Holders who are not butchers, the time and place of slaughter having been notified. Of these 1 pig was totally condemned and destroyed, and in another case the organs were destroyed.

These items are included in the following summary:—

The total weight of food condemned and destroyed during the year was 17 tons, 19 cwts., 4 stone, 13 lbs.

The whole of the food condemned was voluntarily surrendered to me by the owners and destroyed.

The following is a brief Summary of all Food condemned during the year:—

**Summary.**

		Tons	Cwts.	Stones	Lbs.
77 whole Carcasses and all Organs	15	9	5	6	
Portions of Carcasses	....	0	3	4	2
54 sets of Lungs	....	0	5	1	1
67 Livers	....	0	9	0	10
27 Heads and Tongues	....	0	8	5	2
Mesenteries	....	0	1	5	5
Udders	....	0	2	3	12
Kidneys and Skirts	....	0	0	3	11
Fruit, Fish, Tinned Foods, etc.	0	18	7	6	
Total of Meat and other Foods condemned	....	17	19	4	13

**Slaughter-Houses.**—The number of licensed private slaughter-houses in use at 31st Dec., 1927, was 37. The whole of the slaughter-houses are held on License, 12 being for 12 months, 9 for 6 months, and 16 for 3 months, and during the year 4,716 inspections were made.

The question of concentrating the slaughtering in the Borough is still under consideration by the Special Sub-Committee, and it is hoped that the erection by the Corporation of a Slaughter-house at the Cattle Market to provide accommodation for the Butchers who would be dispossessed under the proposed scheme will soon be an accomplished fact.

### **PUBLIC HEALTH (Meat) REGULATIONS, 1924.**

There have been breaches of these Regulations by 2 Butchers during the year, and Warnings were given by letter in each case.

**Offensive Trades.**—During the year 12 applications were made for Fish Fryers' Licences, 2 were granted and 10 refused.

The number of premises now used for offensive trades and duly licensed is 37 as follows :—

- 1 Gut Scraper.
- 30 Fish Fryers.
- 1 Fellmonger.
- 1 Fat Rendering and Tripe Boiling.
- 2 Fat Rendering.
- 2 Rag and Bone Dealers.

There are also 28 Fried Fish Shops in the Borough not on the Register, having been established prior to the date of the Order under which they were Scheduled as Offensive Trades.

Two Licensed and two unlicensed Fried Fish businesses have been discontinued during the year.

The whole of the premises are under supervision, and are kept in a fairly satisfactory conditions.

**Shops Acts, 1912-13, and Shops (Early Closing) Act, 1920, and Amendment Act, 1921.**—There are still 2 Compulsory Orders in operation affecting respectively shops in which is carried on the Sale of Meat, and shops in which is carried on the Sale of Fruit, Vegetables and Flowers, and 3 Orders under the Shop Hours Act, 1904, affecting Chemists and Druggists, Hairdressers and Barbers, and Boot and Shoe Dealers.

During the year there have been several contraventions of the above Acts and Orders, and written or personal warnings were given to the offenders.

### Fertilizers and Feeding Stuffs Act, 1926.

The above Act repeals the Fertilizers & Feeding Stuffs Act, 1906, and comes into operation on the 1st July, 1928.

I was appointed Inspector and Official Sampler under the Act and Mr. C. J. H. Stock, Agricultural Analyst, and such appointments have been approved by the Ministry of Agriculture & Fisheries.

### Rats and Mice (Destruction) Act, 1919.

The total number of rats actually killed by the Rat Catcher during the year was 1,272, but these figures do not include the rats that were poisoned.

The following are the principal places at which the rats have been destroyed :—

Snipe Tip	....	....	....	....	683
Brinkburn Dene	....	....	....	....	56
North Road Tip	....	....	....	....	317
Grange Road Tip	....	....	....	....	141
Sundry Premises	....	....	....	....	75
					1,272

6 Informal and 1 Formal Notices were served and all complied with.

**Common Lodging-Houses.**—There are 4 Common Lodging-houses on the Register, with accommodation for 401 lodgers.

Two Common Lodging-Houses have been voluntary closed during the year.

The whole of the lodging-houses are regularly and frequently inspected, and the same are kept in a fair good condition and the Bye-Laws fairly well observed.

One Informal Notice was served during the year for the abatement of a nuisance and complied with.

In conclusion, I take this opportunity of tendering to you my thanks for the support I have at all times received from you, and also to my staff for the valuable assistance rendered in the work of the Department.

I am.

Your obedient servant,

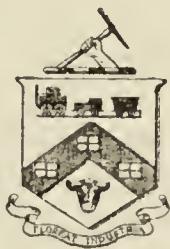
JNO. R. COPPING,

*Chief Sanitary Inspector and Inspector of  
Meat and other Foods.*



County Borough of Darlington.

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# ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER,

G. A. Dawson, M.D., D.P.H.,

FOR THE

Year ending 31st December, 1927.

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DARLINGTON :

THE SKERNE PRINTING COMPANY (1927) LTD., GARDEN STREET,

—  
1928.



STAFF OF SCHOOL MEDICAL SERVICE.

---

*School Medical Officer—*

G. A. DAWSON, M.D., M.B., B.Ch., B.A.O., D.P.H.

*Assistant School Medical Officers—*

ISOBEL C. BROWN, M.B., Ch.B., D.P.H.

THOMAS FERGUSON, M.D., M.R.C.P. (Ed).,  
D.P.H. (part time).

*Ophthalmic Surgeon—*

A. T. PATERSON, M.D., F.R.C.S.E., D.P.H.  
(resigned March, 1927). (part time).

W. S. THACKER-NEVILLE, M.D., F.R.C.S.I.  
(commenced duties 5th May, 1927).

*Dental Surgeon—*

J. L. LIDDELL, L.D.S.,

*Nurses—*

AGNES GARDNER (Senior Nurse).

CATHERINE GARDNER,

GLADYS M. WHITTAKER.

*Clerks—*

DORIS M. BURRELL.

ELIZABETH DENT.

MAY CHARLTON.

## COUNTY BOROUGH OF DARLINGTON.

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*To the Chairman and Members of the  
Darlington Education Committee.*

I have the honour to submit the Annual Report of the School Medical Department for the year ending 31st December, 1927.

As in previous years, the routine inspection of particular age groups as well as the special inspections and re-inspections of children of other ages was carried out. The whole-hearted co-operation of parents, head teachers and staff in the concern for the medical welfare of the children in tender years is now a marked feature of our educational activities. The high percentage of attendances of parents at the inspections shows that the scheme is not failing in its duty of cultivating a high feeling of parental responsibility.

The progressive policy of the Committee is evident in a concrete form in the new Barnard School for Mentally Defective Children which is about to be opened, and in their plans for the much needed new Open Air School at Harrowgate Hill for both boys and girls.

I wish to record my great appreciation of the work of my colleagues Dr. Ferguson and Dr. Brown, Mr. Liddell and the school nurses and clerks who have carried out the spade-work. The willing co-operation and interest of Mr. Whalley, Chief Education Officer, his staff and the head teachers, in no small measure contributed to the year's success.

GEORGE A. DAWSON.

23rd March, 1928.

# ANNUAL REPORT,

## 1927.

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### THE SCHOOL CHILD.

In 1907 the duty was imposed on all Local Education Authorities of making provision for the Medical Inspection of children in attendance at the Public Elementary Schools.

From that time onwards the work has increased and progressed and to-day we have a complete School Medical Service, existing specifically for the purpose of carrying out the duties imposed by the Education Act of providing for the medical inspection of children at public Elementary and Secondary Schools and for making suitable arrangements for attending to their health and physical condition.

The fundamental objects of the School Medical Service are (a) the inspection and supervision of all children attending school, (b) the early detection of incipient diseases and the treatment of certain existing diseases, (c) the furnishing of statistics and reports which will guide the Authorities in regard to physical and mental development of the child during school life.

The child is inspected and, if found defective, is referred for treatment, is visited in his own home, and is subsequently re-inspected. The inspection takes place as a routine three times during the life of a school child, as an entrant, at eight years old and at twelve years. There also is carried out the re-examination or special examination when a defective child is brought forward by the teacher or parent for examination by the Medical Officer.

More than once during the year I have heard it suggested that the School Medical service is mainly concerned with Statistics, which it is alleged may prove anything or nothing. Statistics on physical condition are irrefutable. I would urge the doubters to visit a routine inspection at school or a School Clinic and see

the practical side of the work. Striking impressions will be conveyed by comparing a modern school photograph with one of a school group thirty years ago. The expression "School Medical Inspection" is and always has been an inadequate description of the work. As a foundation, there is the fundamental physiological conception of prevention of defects in order to prepare and maintain the physique and mind of the child for education and citizenship. The medical inspection is only the initial arrangement to explore and unveil the condition of each child in order that the rest of the programme may be fulfilled with a correct regard to the facts of the case.

The opportunity is freely given to parents, teachers and others at any time to obtain medical service specially experienced for children under their care. Adequate and suitable arrangements for the provision of treatment are made in each case.

Darlington is keeping abreast of all the modern work in the supervision of the welfare of its school children. The Dent Memorial Nursery School was one of the first in the country, and is to-day regarded in very high esteem. The special provision which has been made for the physically and mentally defective is being extended. The new Elementary Schools are all being built on the ideal open-air plan. The School Clinic in its new quarters in Northgate is modernly equipped, with its treatment centre for minor ailments, its dental department, eye department, and X-ray apparatus for the treatment of ringworm.

The large percentage (almost 30 per cent.) of children with remediable defects, particularly noted among the entrants to our schools expresses the necessity for close co-ordination and a linking up with other health services. At present some attempt at improving the conditions of the toddlers is being made by the Infant and Child Welfare Scheme, but the demands made on our small staff of Health Visitors in ante-natal and maternity care prevent ambitious work. The Nursery School does excellent work, but it only provides for a very small fraction of our 2—5 children. The early attention to such common conditions as dental caries, squint, enlarged tonsils and adenoids, discharging ears, malnutrition and rickety deformities will reduce the gross aggravations or complications which in the past have entered our Elementary Schools, and lead not only to economy, but increased efficiency in our Infant Departments. As a step in that direction the school dentist now gives one session per week to the service of expectant mothers and children under 5.

**Number of Schools.**—In 1927 there were in Darlington:—

- (a) Grammar School.
- (b) Girls' High School.
- (c) Junior Technical School.
- (d) 21 Primary Elementary Schools, comprising 40 departments.
- (e) Special School for mentally defective children.
- (f) Open Air-School.
- (g) Nursery School.

The **Number of Children** in the Darlington Elementary Schools at mid-year, 1927, was:—

Boys	....	....	3,312	}	. Total	....	10,664
Girls	....	....	3,511				
Infants	....	....	3,841				

## MEDICAL INSPECTION.

The number of children submitted to routine inspection in the Elementary Schools was 3,135; in addition to these 2,659 children were examined for special reasons and 6,788 were re-examined. At the Secondary Schools 3 routine inspections were held, and 707 pupils were examined. The Nursery School was visited weekly.

In addition to the routine inspections, 170 children were medically examined as candidates for Scholarships in the Secondary Schools. Routine inspections at the Elementary Schools were in general made only twice during the year so as to avoid the loss of time which often occurs when there is only a small number of children to be examined at a school.

Of the 3,135 children submitted to routine inspection in the Elementary Schools (see Table II.), 885 were found to be suffering from defects (other than uncleanliness, defective clothing and footgear, and dental diseases) which required treatment; 1,011 had defects which necessitated their being kept under observation. Details of these defects are set out in the Tables at the end of this Report.

**Weight of School Children.**—The following table compares the weight of the school children examined in 1926 and 1927, with corresponding weights before the war, and also with average weights of Elementary School children in England and Wales, as given in "The Health and Physique of School Children," published by the Ratan Tata Foundation in 1913.

*Weights in Pounds.*

	Age 5		Age 8		Age 12	
	Boys	Girls	Boys	Girls	Boys	Girls
England & Wales 1913	38.5	37.6	52.2	49.8	73.0	73.9
Darlington, 1910	38.2	37.1	...	...	...	...
," 1914	39.3	38.0	...	...	71.0	70.7
," 1926	41.3	40.1	53.2	52.0	76.5	71.3
," 1927	41.5	39.8	53.1	51.7	77.0	77.8

The general increase over pre-war figures is well marked.

**Uncleanliness.**—Routine medical inspection does not, for obvious reasons, afford a good measure of the prevalence of uncleanly conditions. The routine surprise surveys by the Nurses are a better guide to the actual state of affairs; 186 children were found during the routine inspections to have nits in their hair, and 3 had vermin on the body. Of the former number, 166 were girls. See also pages 9 and 33.

**Tonsils and Adenoids.**—Of the children examined during routine inspections 589 (17.5 per cent.) were found to have adenoids or unhealthy tonsils, or both. Operation was advised in 152 cases (4.5 per cent.), but in the less severe cases palliative measures were recommended and explained to the parents. The want of correct training in handkerchief drill and nose breathing predisposes to this defect, with its subsequent deformities of the shoulders, and chest diseases.

**Tuberculosis.**—Twelve cases of definite pulmonary tuberculosis were found in the course of medical inspection. Two cases of suspected pulmonary tuberculosis were referred for observation. Of non-pulmonary forms cervical glands were involved in 6 cases, and bones, joints, the skin and other organs in 6 cases. In addition to these many of the cases returned under Bronchitis are being kept under careful observation.

**Skin Disease.**—There were 51 children referred for treatment on account of skin disease. Several of these children were excluded from school until treatment was completed and they were certified free from infection by a medical officer.

**Vision.**—The percentage of the 7-8 and 12-14 year old children found to have defective vision needing treatment, is shown in the following table :—

	7-8 Years			12-14 Years		
	No. examined	No. referred for treatment	Per-cent-age	No. examined	No. referred for treatment	Per-cent-age
boys ...	386	16	4·6	401	39	9·7
girls ...	384	21	5·4	418	50	11·9

**Ear Disease and Deafness.**—Forty-seven (1.4 per cent.) children were found to be suffering from ear disease or deafness, and were referred for treatment. Infectious diseases (especially measles) and adenoids are the exciting causes in nearly all cases.

**Nurses follow up work.**—The following up of defective children by the nurses is one of the most valuable and necessary branches of our work.

The School Nurses paid 329 visits to 21 schools, and made 600 home visits in connexion with the cleanliness of the children. For this purpose 18,333 examinations of children were made, and in 317 cases (3.3 per cent.) nits were found in the hair; verminous bodies were found in 7 cases. All these children were inspected at intervals of two or three weeks, and at the end of the terms nits were found in only 95 cases, all of which showed improvement. For the purpose of following up defects other than uncleanliness, the School Nurses paid 2,380 home visits.

**Infectious Diseases.**—The cases of infectious disease notified by teachers during the past two years were as follows :—

				1927.	1926.
Influenza	....	....	....	0	45
Scarlet Fever	....	....	....	28	25
Measles and German Measles	....	....	....	488	11
Whooping Cough	....	....	....	26	66
Diphtheria	....	....	....	8	3
Typhoid Fever	....	....	....	0	2
Chicken Pox	....	....	....	127	78
Mumps	....	....	....	142	20
				819	209

**Smallpox.**—In Darlington there were notified and removed to the Isolation Hospital during the year 50 children of school age. Happily the prevalent type was not fatal, but several cases were of a fairly severe form. The analysis of the cases shows that the children were of various ages, social conditions and domestic circumstances, and lived under widely extreme varieties of sanitary or insanitary amenities. They all had one feature in common—*they had never been vaccinated.*

The disregard of the public because of the low mortality, the widespread neglect of vaccination, and the mildness of certain of the cases which only an experienced doctor can diagnose contributed to keep the epidemic alive. In these circumstances it was imperative to urge school teachers, nurses and attendance officers to be very vigilant and to call the attention of the medical officer to all suspects. All schools involved were visited, sometimes daily and searched for undetected cases. One case was diagnosed in school, but owing to prompt action, no further cases arose.

**Measles.**—A severe outbreak of measles lasted throughout the latter half of the year and reduced the attendances in Infants' Departments to a low figure. Under the Elementary Education Provisional Code 1922, a certificate for Grant purposes may be given by the School Medical Officer when the attendances in any department fell below 60 per cent. owing to epidemic illness. Fifteen such certificates were given during the year, chiefly on account of measles.

Almost 3,500 cases were brought to the notice of the Health Department, the age group most affected being from 4 to 6 years. There were 17 deaths attributable to this cause.

It was not found necessary to advise the closing of the schools here by reason of the smallpox or measles outbreak.

**Rheumatism.**—Special attention has been paid to the observation of Rheumatic affections amongst children of school age and such findings have been noted and the children kept under observation and examined at regular intervals.

We have at the present time, apart from cases examined at School Medical Inspection, 35 children suffering from rheumatism attending at the Clinic, some from some form of Chorea and Arthritis and excluded from school, others from less severe forms and these latter are the cases which are most difficult to deal with regard to school attendance.

Many of these children show only very slight symptoms. They are in ill-health, easily tired, suffering from occasional sore throat and complain of growing pains. The disease is liable to take an acute form at any time and the Medical Officers are reluctant to advise these children to attend school during bad weather, for such a child exposed to bad weather would almost certainly become the victim of an acute attack with the all too frequent serious complications.

It is in the early recognition of such cases that much can be done with the help of the teacher, who has opportunities for drawing the attention of the Medical Officers to such conditions as redness, pallor, early choreic signs and indefinite signs of ill-health in any child in the class. Unlike rheumatism in the adult the degree of heart disease is often out of all proportion to the complaints of pain by the child.

For many cases at present under the care of the School Clinic, the Medical Officer has to thank the teacher in charge for having first drawn attention to the condition. The mothers usually refuse to realize the significance of the so-called "growing" pains.

In some schools certain facilities are provided for the drying of wet outdoor clothing, but in others the facilities are quite inadequate and children arriving at school are not only allowed to sit in school with damp feet, but have no chance of having their outdoor clothing dried before putting them on again.

**Teachers.**—Twenty-two teachers were medically examined during the year by the School Medical Staff.

## MEDICAL TREATMENT.

The work for the treatment of minor defects and other conditions is carried out at the Clinic in 45 Northgate. The premises, although commodious, have been taxed to their utmost during the past year and frequently the waiting room accommodation has proved quite inadequate for the number of parents and children in attendance. Arrangements have been made that an additional waiting room will be available so that when necessary the overflow can be dealt with there instead of crowding the passages and stairway.

The accommodation provided is as follows :—

*Ground Floor.*

Waiting room for 50 children and parents.

Treatment Clinic and store room.

Medical Officer's room.

*Upper Floor.*

X-ray apparatus.

Dental Department.

Eye Department.

Clerical and Records room.

The number of separate attendances was 16,904, of which 11,579 were for treatment, and 5,325 for advice.

**Minor Ailments.**—A Minor Ailment may, for practical purposes, be described as a defect such as skin trouble which can be given local treatment at a School Clinic. It does not require in-patient treatment nor a high degree of surgical skill though, in some cases, the condition is a symptom of disease which is later referred for specialist advice.

Impetigo again provided the majority of our cases, accounting for 942. There were 153 new cases of ringworm, compared with 130 in the previous year, and 28 cases still under treatment from 1926. Two cases were treated at home. Of the 179 cases treated at the Clinic, 79 were of the scalp, 12 of these were treated by epilation with X-rays, and 67 by other methods. Ringworm of the body which is very much more amenable to treatment, accounted for 106 cases ; of the 179 cases, 151 were cured and re-admitted to school during the year, leaving 28 still under treatment.

Twenty-five cases of scabies were treated, and precautionary instructions given on disinfection.

The Children who received treatment on account of ear diseases numbered 124; the great majority of these were suffering from ear discharge. Such cases invariably arise from diseased conditions in the throat, and advice or appropriate treatment of the exciting cause is also given.

**Tonsils and Adenoids.**—The principal defect of the nose and throat in school children is that of enlarged tonsils and adenoids, caused by a combination of factors which include, heredity, faulty breathing, defective clothing or housing conditions predisposing to catarrh and infection. During 1927 operations were performed on 206 cases of adenoid growth and enlarged tonsils in children of school age at the General Hospital, of these 162 were sent from the School Clinic, and the remainder from other sources in the town.

In the case of minor defects not requiring operation, and for those who have undergone the operation, advice in nasal hygiene and in remedial breathing exercises is given.

**Eye Defects.**—327 children were examined for defective vision by retinoscopy during the year; in 31 glasses were not dispensed.

Glasses were provided for the following defects:—

Myopia	....	....	....	....	49
Hypermetropia	....	....	....	....	55
Astigmatism	....	....	....	....	170
Squint	....	....	....	....	22

Under the Committee's Scheme, children suffering from defective vision are seen by the assistant schools medical officers and a specialist. The specialist's work which occupies one session per week has been carried out by Dr. A. T. Paterson, and later by Dr. S. Thacker-Neville. Much difficulty has been experienced in keeping the work up-to-date as it is essential that certain defects be re-examined at least once a year to counter the deleterious effect of strain.

Spectacles are provided at contract prices, or free in necessitous cases. On the whole the objections of parents whose attention has been drawn to the fact of the necessity for the provision of spectacles and the ultimate benefit, are not as numerous as in previous years.

**Provision of Meals.**—Three Centres were open during the year for the provision of free meals for school children. 9,826 meals were provided for 156 children, as follows :—

At Borough Road School....	....	....	6,392
At Rise Carr School.....	....	....	2,653
At St. Augustine's School.....	....	....	781

The diet was approved by the School Medical Officer and the Head Mistress of the Beaumont Street Domestic Subjects Centre and the arrangements were inspected from time to time by the School Medical Officers. The Borough Road and St. Augustine School Centres were closed 8th July, and Rise Carr 3rd June.

**The Training College and School Clinic.**—In order that future school teachers may have a more intimate knowledge of the school medical work, arrangements for a number of pupils of the Training College to attend the Clinic three days per week have been in operation for the past year. The principal and staff of the College very much appreciate this opportunity for the pupils to acquire a first hand practical knowledge of school hygiene of common diseases in their early form, and of simple points in the diagnosis and treatment of defects. The enthusiast co-operation of the teaching profession with the school medical service is essential for the continued success of the welfare of the child, and all we can do to secure this is, in my opinion, an excellent service.

**Co-operation of Parents.**—Parents are invited to attend routine inspections and at the School Clinic. Their presence is welcomed as it gives the Medical Officer the opportunity of giving personal help and advice, and helps to break down prejudice which in some areas still exists. Suggestions can thus be made both for the remedy of existing defects in the child, and also for the prevention of future ill-health by attention to what appear very trifling common-place weaknesses. During 1927, at the medical inspection of infants, parents were present in 68 per cent of the cases, but with older children this percentage was 38 per cent.

**Co-operation of Head Teachers and School Attendance Officers**  
 —(a) *Medical Inspection Generally.*—In the course of visits by Attendance Officers of homes where excuses of illness are put forward as the cause of absence of children from school, the parents are instructed to obtain medical attention from the family doctor or at the School Clinic.

(b) *Following-up of Children.*—The Attendance Officers give daily lists of children who have attended the Clinic, and reports as to their fitness to attend school. In the case of those fit, the date for the next visit to the Clinic is given on the card for information. Further, a daily list is also furnished of children who should have attended the Clinic, but have failed to do so. The parents of the latter are promptly visited and warned as to the consequences of failure to attend as ordered.

I much appreciate the cordial co-operation of the Head Teachers. The success of the work is ultimately dependent on the enthusiasm of the teacher, and many an obstructing parent is won down under the moral suasion of the child's teacher. The teacher realises the immediate purpose of medical inspection is to fit the child for the education which he is ready to give.

**Employment of Children and Young Persons.**—The advice of School Medical Officers is available for the Employment Officer, and at the final examination of a school child an effort is made to call the attention of the parents to any physical condition which should influence them in the choice of an occupation for the child.

The chief employment for boys in this area is in the Building and Engineering Trades. Owing to the continued trade depression few vacancies in these trades are being notified. Many boys seeking apprenticeships are compelled to find interim employment as errand boys and labourers.

Girls are employed in Domestic Service, Wool Spinning, Shops, Offices, and in the Tailoring and Dressmaking Trades. Many apprentice Dressmakers and Tailoresses are now totally employed, and several are employed on unsystematic short time. Shop Assistants and Clerks have great difficulty in finding employment.

The Juvenile Employment Bureau is in touch with the employers in the district, and 294 children have through its agency been placed in employment. Suitable candidates are notified of vacancies in the Civil Service, Post Office, Army, Navy and Air Forces, the Railway and similar services.

Bye-laws governing the employment of children and young persons are in force, and the streets are patrolled by the School Attendance Officers. Minor offences are brought to light in this manner and dealt with, but these irregularities are generally due to ignorance of, rather than intent to evade the bye-laws.

## SCHOOL HYGIENE.

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“The study and practice of health must form part of the everyday life of the School.”—Board of Education.

In the first place the buildings and equipment should be such a standard as to lend themselves for health demonstrative purposes by the teacher.

The lessons should be brief, simple, and above all practical and directed to the formation of healthy habits. The teacher can accustom the children to fresh air and sunlight in the play ground and in the school room. In a very practical way he can inculcate the benefits of exercise, correct breathing, correct posture in desk hygiene in the cloakrooms and sanitary conveniences.

Dr. Brown reports that particular attention has been paid this year to the Sanitary arrangements of the schools, and a survey is at present being prepared.

Several schools are flanked by tall buildings which obstruct the lighting and ventilation. It was noted that the destruction wrought by the hand of time was not in certain cases made good as soon as it might have been. New buildings are not always essential as the provision of fresh air, and adequate sanitary equipment can often be at hand at trifling cost.

On the whole the playground accommodation is good. Space is ample, surfaces are well paved and in good condition so that full use can be made at all times except when it is actually raining.

Ventilation is amply provided except in some of the buildings already condemned. Objection could be found, however, in the lack of use of the means provided even during the morning interval. The introduction of electric light into practically all the schools is noted with satisfaction, and it is to be hoped that the few remaining where gas is only installed will soon be modernised.

One notes with dismay the poor cloakroom accommodation provided in so many schools. Not only is the space allotted limited, but drying facilities are absent and ventilation and lighting poor. It is gratifying to note that in all the new schools particular attention and care has been given to this problem, and the new cloakrooms leave little to be desired.

That the sanitary conveniences must be true to their name is an essential factor in the education of the child. Provision of such conveniences is adequate in practically all of the schools in the town but supervision in cleanliness and flushing appears to be lacking. In too many cases this matter is left entirely in the hands of the caretaker, and while in some cases the buildings are kept in excellent condition and flushing is carried out at frequent intervals there are other instances where the work is done with neither care nor regularity. Supervision of these premises by all the teachers would improve matters greatly.

The whole question of the sanitary condition of the schools is a large one and one that is being tackled conscientiously by School Management Committees, and one feels sure that continued progress is being made in the improvement of existing defective conditions.

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## DENTAL DEPARTMENT.

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I am indebted to Mr. J. L. Liddell for the following report :—

This year there has been an increase in the number of children examined, but a decrease in the percentage of those treated. One additional age group was dealt with.

Last year the Secondary, Special and Open Air Schools were included in Group IV, but these are shown separately in the table given below.

When the work for the year was planned permission had not been given to inspect secondary school children, and there was only one at the end of the year to visit one of these schools.

A certain amount of propaganda work has been done by talks to the Clinic, to the mothers who had brought children for treatment. Many children were brought for treatment on the recommendation of others who had been treated.

There were 115 cases who should have attended after the previous year's inspection, but did not avail themselves of the opportunity, till this year when the condition was much aggravated.

The number of special cases was 1,074. Of these 106 were cases which should have attended after routine inspection, but failed to present themselves for treatment, and later were driven to the clinic by chronic toothache.

During the year 39 root cases were treated, five of them being complicated by the presence of abscesses. Satisfactory results were obtained in every case.

Since September, one session per week has been devoted to the work sent from the Maternity and Child Welfare Clinics.

The following table shows the work done in addition to that shown in Group IV :—

SCHOOL	No. Examined			No. requiring treat'm't			No. treated
	Boys	Girls	Total	Boys	Girls	Total	
Junior Technical ...	121	—	121	67	—	67	18
Open Air ...	—	43	43	—	19	19	13
Special ...	12	19	31	5	7	12	9
	133	62	195	72	26	98	40

My thanks are again due to the Medical Officers, Nurses, and Staff of the School Clinic and also to the Teachers for their help and co-operation in the work throughout the year.

## PHYSICAL TRAINING.

Co-operation between the School Medical Officer and the Organiser of Physical Training continues, each bringing to the notice of the other cases where special treatment or exercises are required.

Physical Training in the Elementary Schools of the Borough continues to be carried out in a satisfactory manner. A good all-round standard of efficiency is maintained.

It is pleasing to note the readiness of teachers and scholars even in the Infants' Departments, to turn out in cold weather for Physical Training lessons in the open air. This points to the fact that teachers have a good knowledge of the work and can adapt the lesson as to make it suitable to weather conditions and enjoyable as well as instructive. The old idea of opening out the class and performing a set of very formal movements whilst standing, (and possibly shivering with cold) in one place is a thing

the past. Teachers now realise that to be of real benefit the physical Training lessons must be vigorous and interesting, also that order and discipline can be maintained whilst plenty of freedom is allowed in massive movements and short games.

The following Board of Education publications have been received and issued (1) "Reference Book of Gymnastic Training for Boys"—to Secondary Schools, Technical College, Central Commercial School, and all Senior Departments of Elementary Schools to help teachers of upper forms and classes to augment the formal Physical Training lessons of the Official Syllabus of 1919 by the inclusion of more advanced and more interesting new exercises. (2) "Syllabus of Physical Training for Schools. Supplement for Older Girls"—to all Senior Girls' and Mixed Departments. (3) "Memorandum on Physical Education in Secondary Schools," Physical Training Series No. 10 and 11—to Secondary Schools.

An effort is being made to improve the conditions under which organised Games are taken by providing a number of properly prepared and marked playing pitches for football, hockey, cricket and netball in the various parks and recreation grounds in the town. A sketch plan has been prepared showing the proposed sites, and an estimate of the cost has been submitted. The scheme is now being considered by the Committee concerned. It will, if adopted, prove of immense value for Organised Games. The best results cannot be obtained unless the conditions are such that the games can be properly supervised and played.

Swimming instruction was carried out under the same conditions and teaching staff as last year.

The total attendance of scholars was, boys 6,946, girls, 7,004; total 13,950. Average weekly attendance 977.

Last year's attendance was boys 6,852, girls 6,567; total 13,419. Average 949.

No. of certificates awarded	boys	1 length	172	
" "	girls	1 ,,	94	= 266
" "	boys	5 lengths	83	
" "	girls	5 ,,	37	= 120
				386

Last year's figures were,	boys 1 length 185, girls 79	= 264	
" "	boys 5 length 63, girls 35	= 98	
			362

The Darlington Gentlemen's Swimming Club awarded 16 quarter-mile and 15 half-mile certificates to boys. The Ladies Club awarded 14 quarter-mile and 6 half-mile certificates to girls. These certificates were all gained whilst the scholars were attending the Baths as part of their school work.

26 certificates were also issued by the Northumberland and Durham A.S.A. for general proficiency.

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## SPECIAL SCHOOLS.

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There is little to add to the detailed survey in last year's report of the work at the Special School. All Authorities are agreed that the Special School has an established place in any up-to-date scheme for dealing with mental deficiency. The results obtained are rarely spectacular. It has to be borne in mind that the children in such a school are essentially children whose economic future hangs in the balance. The full development of such abilities as they possess is, therefore, a matter of vital importance though at the same time one of peculiar difficulty.

At mid-year the number of children on the roll was 37, and in view of the unsuitability of the existing school buildings and the imminent disorganisation of removing to the new site, it has been considered advisable to limit admissions so far as possible in the latter half of the year. A great deal of spade-work has, however, fallen to be done in connection with the ascertainment and grading of children, whom it is proposed to admit when additional places are available in the more adequate premises at Barnard Street. This work is nearing completion and all the necessary data will be available for the opening of the new school in April.

The new school is a thoroughly new up-to-date building situated in a wide open space, near the centre of the town and built on Open Air School lines.

Educational retardation is now being met by more and more modern methods of adaptation of curriculum, by more attention to handwork and by useful occupation whether in the form of gardening or domestic work or otherwise and the new building provides facilities for the teaching of such work—woodwork and crafts to the boys and domestic science for the girls. There are facilities also for the teaching of gardening.

The school will have accommodation for 75 pupils and special care is being taken in the selection of these children by Dr. Ferguson in co-operation with the head teachers.

Through lack of accommodation in the past, there has been a tendency to make provision for the children of lower rather than higher mental grade in the Special School and the retention of these lower grade children tended to stamp the schools as "silly schools," and so led to prejudice against them on the part of the parents. This has now been somewhat removed by the passing and operation of the Mental Deficiency Act, 1913, and the consequent transference of these children of lower grade from the Education Authority to the Local Control Authority, but there still remains some prejudice on the part of the parents against the Special School and one of the most difficult problems the Medical Officer is faced with is the working down of this when a case of mild degree is being considered.

Much help in this work can be given by Headmaster and Headmistress and the Medical Officer asks for their loyal support. The best work is got from the child if he is there with the consent of the parents and a teacher can do much to persuade such parents that in the case of a Certified child, the Special School is the School which offers undoubted benefit to the child and provides an individual regime and type of curriculum which the public elementary school cannot under the circumstances provide. It is impossible to overestimate the value of the personality of the teacher in this sphere.

Miss Clegg has done excellent work under very difficult conditions and considering her record of achievement under such conditions, the good results which may be anticipated in the new environment are very clearly indicated.

**Blind, Deaf, Defective and Epileptic Children.**—The arrangements for dealing with these children remain as in previous years. 1,111 children were examined for Forms 302 and 306 during the year, and the total number of mentally defective children on the books was 67. 4 children were reported for admission to a residential Special School; 2 were notified to the Local Authority under the Mental Deficiency Act.

These figures are summarised in Table III. of the Appendix.

**Open-air School.**—Plans are already on foot for the building of a new Open Air School and this is one of the most urgent needs at the present time.

The present Open Air School at Dodmire has shown excellent results and it is a matter for regret that, owing to lack of accommodation in the present building, only girls are admitted, and delicate children cannot have longer periods of attendance at the school and have to be returned to the ordinary Elementary school before full benefits of the school have been obtained.

Many of these children are borderline cases—mild cases of rheumatic conditions, early chorea, chest conditions and general debility—where irregular attendance at an ordinary Elementary school is possible but detrimental to their health and where regular attendance at the Open Air School is possible and beneficial to their health.

A daily spray bath, gardening, open-air dancing, physical drill and open-air desk work all come into the routine.

Cod-liver oil Emulsion and a mid-day meal consisting of soup, potatoes, meat and vegetables and pudding, are provided free to necessitous cases and at the small cost price of 4d. to those who have the means to pay.

Medical Inspection is carried out at least once a month. On the average the weight of the children in attendance has increased 6.5% and there has been a decided improvement in the physical condition.

It is gratifying to learn that the new school will provide accommodation for boys as well as girls.

## THE GEORGE DENT NURSERY SCHOOL.

The George Dent Nursery School with accommodation for 8 children continues to show excellent results and the findings of the Assistant School Medical Officer, who visits the school weekly, show only too clearly how much scope there is for preventive medical work amongst children in regular attendance at such a school.

To those who are in touch with the Nursery Schools and Nursery School work it becomes apparent that the name “School” conveys to the outsider an entirely wrong impression of the work carried on there and those entrusted are frequently asked “What can be taught to a child of 2-5 years?” Natural one assumes that the function of a school is Educational—the function of a Nursery School is almost wholly social and children admitted are selected for one of two reasons:—

- (a) Poor home conditions and malnutrition, or
- (b) On account of Physical Defect or General Debility.

While the child is in attendance at the Nursery School a relatively large number of defects receive medical attention and treatment before he passes out to the elementary school. These include rickets, squint, enlarged tonsils and adenoids, dental decay and malnutrition. The child is given the opportunity of spending the three years of pre-school life in a healthy environment where rest and exercise in the open air are under supervision, and where he is given suitable food and trained in the formation of healthy habits.

These are the children who, not infrequently, owing to completeness of organisation, are neglected. The infant comes under the care of the Child Welfare Centre, the five year old child under the care of the School Clinic, but the 2-5 child, falling between the two, may most easily be neglected were it not for the linking up of the two organisations by the Nursery School.

It is a remarkable fact that in Darlington we have accommodation for only about 80 such children and every one of these children is suffering from some form of physical defect requiring medical attention. What, then, is happening to the large number of whom there is at present no available accommodation ?

When one sees the children on admission to the Nursery School and again as entrants to the elementary school at the age of five and notes what has been done in these years, one cannot but realise the wide field there is for preventive medical activity during the period of attendance.

Forty-five children were examined on admission, 56 remained, and 50 examined as special cases.

Five cases of tonsils and adenoids, 2 cases for circumcision and 1 case of mastoid suppuration were operated on at the General Hospital; 5 children received treatment at the School Dental Clinic.

Minor ailments were dealt with at the School by the staff.

## SECONDARY SCHOOLS.

**Grammar School.**—Three routine medical inspections were carried out during the year. Of the work the Headmaster, Mr. Taylor, writes :—

The Schools Medical Service continued to give great help to the Grammar School, and is undoubtedly proving a boon to parents. The health of the School is showing an improvement, and the physique of the boys has increased markedly since the advent of the School Doctor and the Gymnasium.

**High School for Girls.**—Dr. Brown paid 3 visits during the year to the High School, when a routine inspection of all pupils was made.

The school is provided with an excellent gymnasium and physical culture plays an important part in the curriculum—a result, the physical condition of the girls is exceptionally

good. This is most noticeable in a comparison of the Medical records of the pupils year by year, the majority of pupils showing a considerable increase in weight during the year.

During the past few years the attitude of the pupils and parents towards Medical Inspection has altered considerably. The former feeling was one almost amounting to resentment but this is being gradually replaced by one of real interest, and objection to inspection is here, as in other schools, practically unknown.

A large proportion of cases of defects were found to be those of vision—which is, of course, accounted for by the fact that increased strain of secondary education brings such defects in greater prominence.

The Medical Officer is pleased to note the increase in attendance of parents at the inspections, and to find that the parents are now in most cases, anxious to have any defect remedied without delay.

	Pupils Attending	Pupils Examined	
Grammar School ....	414	296	
Junior Technical School	243	167	
Girls' High School ....	314	244	
<hr/>		<hr/>	
Total ....	971	707	

At the ages specified by the Board of Education the examinations were as follows:—

Age ...	8	12	13	14	15	16	17	Total
Boys ...	14	87	123	71	32	22	15	36
Girls ...	—	49	46	37	29	16	14	19

In addition to these, special cases were examined at the following ages:—

Age ... ...	7	9	10	11	Total
Boys ... ...	4	1	5	89	99
Girls ... ...	—	—	7	46	53

Number of pupils in whom no defect was found, 384.

The inspections were carried out on much the same lines as in the Elementary Schools, with the addition of chest measurements.

The following table gives the average chest measurements in inches:—

	Age 8		Age 12		Age 13		Age 14	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
aspiration ... ... ...	25.8	—	27.7	25.5	28.0	30.5	30.0	31.9
Expiration ... ... ...	24.0	—	25.5	23.4	25.9	28.0	27.5	29.3

	Age 15		Age 16		Age 17	
	Boys	Girls	Boys	Girls	Boys	Girls
Inspiration ... ... ...	29.9	32.7	32.5	33.6	33.8	34.3
Expiration ... ... ...	27.4	30.0	30.2	30.9	30.8	31.9

The following defects were found during the course of medical inspection:—

Disease or Defect	Age 8		Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Total
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	
Carious Teeth (four or more)	—	—	—	—	2	—	1	—	—	1	—	—	—	—	4
Enlargement of Tonsils	—	—	2	7	7	7	2	7	—	3	2	1	—	1	39
Adenoids	—	—	—	5	1	4	—	1	—	—	—	—	—	1	12
Enlargement of Glands	—	—	8	6	10	5	5	3	3	1	1	—	—	2	44
Squint	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
External Eye Disease	—	—	—	1	—	1	—	—	—	—	—	—	—	—	2
Defective Vision	2	—	11	6	17	10	14	5	8	10	6	3	4	2	98
Ear Discharge	—	—	—	—	—	1	—	—	—	—	—	1	—	—	2
Deafness	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Defective Speech	—	—	1	1	—	—	1	—	1	1	—	—	—	—	5
Other Diseases	6	—	18	44	18	41	13	20	5	18	4	6	5	7	205

Defects found and referred for treatment, or to be kept under observation :—

Defect or Disease	Routine Inspection				Re-examinations			
	Treatment		Observation		Treatment		Observation	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Uncleanliness (Head) ...	—	—	—	—	—	—	—	—
Eye—								
Blepharitis ... ...	—	—	—	—	—	—	—	—
Corneal Ulcer ... ...	—	—	—	—	—	—	—	—
Defective Vision ...	10	15	2	7	14	12	5	1
Squint ... ... ...	—	—	—	1	—	—	—	—
Ear—								
Defective Hearing ...	—	1	—	2	—	2	—	—
Nose and Throat—								
Enlarged Tonsils ...	7	15	2	—	5	—	7	—
Adenoids ... ... ...	—	4	—	—	—	—	2	—
Enlarged Cervical Glands (non-Tuberculous) ...	—	—	—	5	—	—	—	—
Heart Disease—								
Organic ... ... ...	—	—	5	—	—	—	2	—
Functional ... ...	—	—	—	—	—	—	—	—
Anæmia ... ... ...	—	3	—	6	—	—	—	—
Lungs ... ... ...	—	3	—	18	1	—	6	—
Other Non-Tuberculous Diseases ... ... ...	—	—	1	—	—	—	—	—
Tuberculosis—								
Pulmonary—Definite Suspect.	—	—	—	—	—	—	—	—
Non-Pulmonary—								
Spine ... ...	—	—	—	—	—	—	—	—
Other forms ...	—	—	—	—	—	—	—	—
Deformities—								
Rickets ... ... ...	—	—	—	—	—	—	—	—
Dental Caries ... ...	4	5	2	—	2	5	2	—
Skin—								
Scabies ... ... ...	—	—	—	2	—	—	—	—
Other Defects or Diseases ... ...	6	2	1	14	5	3	15	3

No. of Re-examinations carried out to ascertain progress, 306

## RETURN OF MEDICAL INSPECTIONS—1927.

TABLE 1.

## A.—ROUTINE MEDICAL INSPECTIONS.

## Number of Code Group Inspections—

Entrants ....	....	....	....	....	....	1,546
Intermediates ....	....	....	....	....	....	770
Leavers ....	....	....	....	....	....	819
						—
Total	....	....	....	....	....	3,135
						—

Number of other Routine Inspections .... .... ....

216

## B.—OTHER INSPECTIONS.

Number of Special Inspections	....	....	....	....	2,659
Number of Re-Inspections	....	....	....	....	6,788
Total	....	....	....	....	9,447

**TABLE II.**—A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1927.

DEFECT OR DISEASE	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects		No. of Defects	
	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment
(1)	(2)	(3)	(4)	(5)
Malnutrition...	...	1	10	—
Uncleanliness	...	184	6	2
(See Table IV., Group V.)				
<b>SKIN—</b>				
Ringworm :				
Scalp	...	9	—	2
Body	...	3	—	—
Scabies ...	...	2	—	2
Impetigo ...	...	22	—	9
Other Diseases (Non-Tuberculous)	...	15	6	2
<b>EYE—</b>				
Blepharitis ...	...	16	3	9
Conjunctivitis ...	...	3	—	1
Keratitis ...	...	—	—	1
Corneal Opacities ...	...	1	2	1
Defective Vision (excluding Squint) ...	...	128	102	39
Squint ...	...	40	52	9
Other Conditions ...	...	5	3	1
<b>EAR—</b>				
Defective Hearing ...	...	14	9	2
Otitis Media ...	...	32	2	10
Other Ear Diseases ...	...	1	1	1
<b>NOSE AND THROAT—</b>				
Enlarged Tonsils only ...	...	290	4	6
Adenoids only ...	...	93	3	7
Enlarged Tonsils & Adenoids		198	1	9
Other Conditions ...	...	29	6	1
Enlarged Cervical Glands (Non-Tuberculous) ...	...	7	80	1
Defective Speech ...	...	2	12	—
Teeth—Dental Diseases ...	...	507	4	—
(See Table IV., Group IV.)				
<b>HEART &amp; CIRCULATION—</b>				
Heart Disease :				
Organic ...	...	—	6	—
Functional ...	...	—	29	—
Anæmia ...	...	14	26	—
<b>LUNGS—</b>				
Bronchitis ...	...	15	561	—
Other Non-Tuberculous Diseases ...	...	—	—	5

TABLE II.—*continued.*

DEFECT OR DISEASE	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects		No. of Defects	
	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment
(1)	(2)	(3)	(4)	(5)
<b>TUBERCULOSIS—</b>				
Pulmonary :				
Definite ... ... ... ...	8	4	1	1
Suspected ... ... ...	—	2	—	—
Non-Pulmonary :				
Glands ... ... ... ...	4	2	—	—
Spine ... ... ... ...	—	—	—	—
Hip ... ... ... ...	—	1	—	—
Other Bones & Joints ...	—	1	—	—
Skin ... ... ... ...	1	—	—	—
Other Forms ... ... ...	2	1	—	—
<b>NERVOUS SYSTEM—</b>				
Epilepsy ... ... ... ...	—	2	—	—
Chorea ... ... ... ...	1	4	—	1
Other Conditions ... ...	—	10	—	—
<b>DEFORMITIES—</b>				
Rickets ... ... ... ...	6	33	—	—
Spinal Curvature ... ...	1	2	—	—
Other Forms ... ... ...	4	17	—	2
Other Defects & Diseases ...	51	190	15	16

B. Number of *individual children* found at *Routine Medical Inspection* to require treatment (excluding Uncleanliness and Dental Diseases).

GROUP	NUMBER OF CHILDREN		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment	
(1)	(2)	(3)	(4)
<b>CODE GROUPS :—</b>			
Entrants ... ... ...	1,546	385	24.9
Intermediates ... ... ...	770	232	30.1
Leavers ... ... ...	819	268	32.7
<b>Total (Code Groups) ...</b>	<b>3,135</b>	<b>885</b>	<b>28.2</b>
<b>Other Routine Inspections ...</b>	<b>216</b>	<b>54</b>	<b>25.0</b>

TABLE III.—Return of all Exceptional Children in the Area.

					Boys	Girls	Total
Blind (including partially blind).	(i.) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind... Attending Public Elementary Schools... At other Institutions ... At no School or Institution ...	...	...	1	3	4
	(ii.) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind... Attending Public Elementary Schools... At other Institutions ... At no School or Institution ...	...	...	—	—	—
Deaf (including deaf and dumb and partially deaf).	(i.) Suitable for training in a School or Class for the totally deaf or the partially deaf and dumb.	Attending Certified Schools or Classes for the Deaf ... Attending Public Elementary Schools... At other Institutions ... At no School or Institution ...	...	...	—	—	—
	(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ... Attending Public Elementary Schools... At other Institutions ... At no School or Institution ...	...	...	—	—	—
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children... Attending Public Elementary Schools... At other Institutions ... At no School or Institution ...	...	...	14	24	38
	Notified to the Local Control Authority during the year.	Feeble-minded ... Imbeciles ... Idiots ...	...	...	11	10	21
Epileptics.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ... In Institutions other than Certified Special Schools ... Attending Public Elementary Schools ...	...	...	2	3	5
		...	...	...	—	—	—
		...	...	...	1	1	2

Epileptics (continued).	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools...	... At no School or Institution ...	... At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	... At other Institutions ...	... At no School or Institution ...	Boys 6	Girls 2	Total 8

Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	... At no School or Institution ...	Boys 6	Girls 2	Total 8

Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	... At Certified Residential Open-Air Schools ...	Boys 6	Girls 2	Total 8

Delicate children (e.g., pre or latent tuberculosis, malnutrition, debility, anaemia, etc.).	At Certified Residential Open-Air Schools ...	... At Certified Day Open-Air Schools ...	Boys 6	Girls 2	Total 8

**Physically  
Defective.**

Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	... At Public Elementary Schools ...	Boys 6	Girls 2	Total 8

Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ...	... At Certified Residential Cripple Schools ...	Boys 6	Girls 2	Total 8

**TABLE IV.—Returns of Defects Treated during the Year ended 31st December, 1927.**  
 TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.).

DISEASE OR DEFECT (1)	Number of Defects treated or under treatment during the year		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
<b>SKIN—</b>			
Ringworm—Scalp ... ... ... ...	79	2	81
Ringworm—Body ... ... ... ...	100	—	100
Scabies ... ... ... ...	25	—	25
Impetigo ... ... ... ...	942	2	944
Other Skin Disease ... ... ... ...	172	2	174
MINOR EYE DEFECTS ... ... ... ...	192	5	197
(External and other, but excluding cases falling in Group II.).			
MINOR EAR DEFECTS ... ... ... ...	124	4	128
MISCELLANEOUS ... ... ... ... (e.g., minor injuries, bruises, sores, chilblains, etc.).	1,228	21	1,249
<b>Total</b> ... ... ... ...	<b>2,862</b>	<b>36</b>	<b>2,898</b>

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

DEFECT OR DISEASE (1)	No. of Defects dealt with			
	Under the Authority's Scheme (2)	Submitted to Refraction by private practitioner or at hospital, apart from Author- ity's Scheme (3)	Otherwise (4)	Total (5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report) ... ... ...	306	—	3	309
Other Defect or Disease of the Eyes (excluding those re- corded in Group I.). ... ...	21	—	—	21
<b>Total</b> ... ... ...	<b>327</b>	<b>—</b>	<b>3</b>	<b>330</b>

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme, 275. (b) Otherwise, 3

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme, 239. (b) Otherwise, 3.

TABLE IV.—*continued.*

## GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS				
Received Operative Treatment		Total	Received other forms of Treatment	Total number Treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme			
(1)	(2)	(3)	(4)	(5)
206	2	208	131	339

## GROUP IV.—DENTAL DEFECTS.

Number of children who were :—		(2) Half-days devoted to :—
(a) Inspected by the Dentist :—		Inspection, 59 ; Treatment, 332 ; Total, 391.
Aged :—		
Routine Age Groups	5 ... 5	(3) Attendances made by children for treatment, 2974.
	6 ... 32	
	7 ... 1131	
	8 ... 884	
	9 ... 821	
	10 ... 35	(4) Fillings :—
	11 ... 774	Permanent Teeth, 647 ; Temporary Teeth, 2 ; Total, 649
	12 ... 813	
	13 ... 857	
	14 ... 27	
		(5) Extractions :—
		Permanent Teeth, 786 ; Temporary Teeth, 3957 ; Total, 4743
	Specials ... ... ... 1074	
Grand Total ... ... 6438		(6) Administrations of general anaesthetics for extractions, 5.
(b) Found to require treatment ... ... 4417		
(c) Actually treated ... ... 2376		
(d) Re-treated during the year as the result of periodical examination ... ... 283		(7) Other operations :—
		Permanent Teeth, 502 ; Temporary Teeth, 39 ; Total 541.

## GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (i.) Average number of visits per school made during the year by the School Nurses, 16.45
- (ii.) Total number of examinations of children in the Schools by School Nurses, 18,333.
- (iii.) Number of individual children found unclean, 607.
- (iv.) Number of children cleansed under arrangements made by the Local Education Authority, —.
- (v.) Number of cases in which legal proceedings were taken :—
  - (a) Under the Education Act, 1921, —.
  - (b) Under School Attendance Bye-Laws, —.

TABLE V.—Dental Examinations.

SCHOOL	No. of Children examined			No. requiring treatment			No. of parents consenting to treatment	Per. centage
	Boys	Girls	Total	Boys	Girls	Total		
Albert Road ...	215	268	483	130	162	292	141	48.3
Alderman Leach ...	38	46	84	25	29	54	15	24.7
Arthur Pease ...	19	74	93	12	36	48	12	25.0
Beaumont Street ...	196	242	438	114	133	247	79	32.0
Bondgate ...	108	62	170	63	43	106	45	42.4
Borough Road ...	164	127	291	102	82	190	61	32.1
Cockerton ...	77	97	174	49	60	109	39	35.7
Corporation Road ...	157	465	622	90	296	386	182	47.1
Dodmire ...	127	147	274	81	101	182	66	36.2
Gurney Pease ...	63	51	114	49	37	86	18	21.0
Harrowgate Hill ...	270	234	504	164	138	302	119	39.4
Holy Trinity ...	44	52	96	22	32	54	13	24.0
Kendrew Street ...	23	22	45	16	12	38	20	71.4
North Road ...	76	54	130	36	39	75	24	32.0
Open-Air ...	—	43	43	—	19	19	13	68.4
Reid Street ...	438	131	569	273	85	358	172	48.0
Rise Carr ...	150	132	282	102	80	182	83	45.6
Special ...	12	19	31	5	7	12	9	75.0
St. Augustine's ...	164	192	356	93	110	203	72	35.4
St. Cuthbert's ...	65	38	103	49	25	74	15	20.2
St. John's ...	176	163	339	114	104	218	65	29.8
St. William's ...	46	44	90	37	31	68	9	13.2
Central Commercial ...	52	55	107	34	47	81	52	64.2
Junior Technical ...	121	—	121	67	—	67	18	26.8
Total ...	2801	2758	5559	1733	1704	3441	1342	39.0



